

# For Reference

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## *"Eliminating Racial and Ethnic Health Disparities: A Little Less Talk and A Lot More Action."*

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*State Minority Health Representatives Leadership Meeting 2004*

July 19 - 21, 2004  
Renaissance Mayflower Hotel • Washington, DC

# Introduction

The Office of Minority Health (OMH) was established by the U.S. Department of Health and Human Services (HHS) in 1985, in response to a recommendation from the HHS Secretary's Task Force on Black and Minority Health. The Task Force recommended that there should be a focal point within HHS for responding to minority health issues. OMH's mission was described as a "coordinative and advocacy role," with responsibilities for monitoring activities across the department in disease prevention, health promotion, service delivery, and research related to racial and ethnic minority populations.

Early in OMH's history, the office adopted a strategy of empowering minority communities by building and strengthening viable partnerships across public and private sectors, forming a minority health network. This voluntary and informal network links federal, state, and local health systems with individuals and organizations around the nation that are involved in activities intended to improve the health status of racial and ethnic minority populations. Coordination of many minority health-related activities occurs at the state level, so principal partners in this network are state organizational units that focus on minority health issues. These partners are referred to as state minority health entities.

The formation of state minority health entities has been crucial to the successful operation of the minority health network. They link federal and local efforts to improve the health status of minority populations. OMH has encouraged the establishment of minority health entities in each state, commonwealth, and U.S.-associated jurisdiction. In June 1990, OMH hosted representatives of the first five states to establish official minority health entities: Indiana, Ohio, Michigan, Missouri and South Carolina. As of July 2004, 37 states maintained offices of minority health. In addition, Arkansas and Ohio has a Commission for Minority Health and a state Office of Minority Health, Indiana has a state Office of Minority Health and the Indian Minority Health Coalition, and there is an established office in New York City and New York. A growing number of minority health entities are now being established at the local level. The minority health entities range from units within state health departments to independent commissions, advisory committees, programs, liaisons and task forces established by governors, health officers and state legislatures. Each has a mission similar to the federal Office of Minority Health. The structure and organizational placement of these entities differ from state to state.

This collection\* of profiles provides an overview on the missions, organizational structures, activities, and accomplishments of some of the state minority health entities. The profiles include general information regarding characteristics, staffing and funding levels, as well as contact information.

Other information includes a complete list of federal health clearinghouses/centers and sources of health materials for African Americans, American Indians/Alaska Natives, Asian Americans, Hispanics, Native Hawaiians and other Pacific Islanders.

Visit our Web site at <http://www.omhrc.gov> for more information.

We hope you find this document useful.

# Alabama

Gwendolyn S. Lipscomb, M.S.N., R.N.  
Director  
Division of Minority Health  
Alabama Department of Public Health  
201 Monroe St., Suite 710  
Montgomery, AL 36104  
334-206-5396  
334-206 5434 Fax  
E-mail: [glipscomb@adph.state.us](mailto:glipscomb@adph.state.us)

## **Organizational Structure/History**

Established administratively by the state health officer in May 1991, the Minority Health Section is located within the Office of Primary Care and Rural Health in the Alabama Department of Public Health. In 1999, the Minority Health Section established a Minority Health Advisory Council composed of legislators, consumers, clergy, academic professionals, health providers and representatives of the four major ethnic populations.

## **Purpose/Mission Statement**

*The mission of the Minority Health Section is to: 1) improve the health status of minority population; 2) improve access to quality health care services for minorities; 3) promote minority presence and participation in health planning and policy information and; 4) enhance and promote public awareness of health care needs of minority populations.*

## **Program Activities**

### **Advisory Council**

- Assists community-based organizations identify community resources and potential funding sources.
- Promotes communication and interaction statewide to learn about health problems and to improve service access.
- Engages the communities by holding public meetings, community forums and participation in activities.
- Serves as a liaison to community organizations, other states, national organizations and the federal government.
- Completed tasks in conjunction with the Minority Health Advisory Council.

### **Language Services**

- Monitors utilization of the health department's language interpreters services. During October 2002, Tele-Interpreters of California was selected as the vendor to provide over the telephone language services for the Alabama Department of Public Health to ensure access to health services for the non-English speaking clients. Tele-Interpreter services enable health department employees to communicate with clients speaking any of the more than 140 foreign languages interpreted via the language line.

### **Health Information Dissemination**

- Distributes a quarterly calendar of minority health events to over 500 community-based organizations.
- In January 2002, produced “Our Multi-Cultural Population,” a brochure and resource guide for understanding health issues of the diverse population in Alabama.
- In June 2002, published “Alabama Atlas of Racial Disparities in Mortality” in conjunction with the Center for Health Statistics.
- In June 2003, developed a minority health Web page that contains health data and statistics on Alabama’s multicultural population—<http://www.adph.org/minorityhealth>

### **Health Planning/Policy Development**

- Collaborates with intra- and extra-departmental agencies to review the linguistically appropriateness of the medical and health documents completed by the limited English proficiency (LEP) population.
- Developed and distributed state-wide two new policies in June 2003 to ensure the health department’s compliance with federal statutes; A) Interpreter/Translator Policy, and B) Policy for Compliance with Title VI of the Civil Rights Act of 1964.
- Completed in conjunction with the policy of the Alabama Department of Public Health that all supervisors complete training in managing a diverse workforce and communicating in a multicultural environment to eliminate disparities in health and end discrimination.

### **Health Promotion/Disease Prevention**

- Participates on all disease program advisory committees within the state health department.
- Plays a continuing role in co-sponsoring health seminars, workshops and health fairs with local community organizations and provides culturally appropriate health education materials to the participants.
- Works with the Community Care Network, a volunteer organization of physicians, nurses, pharmaceutical representatives, and nutritionists in the community. (The organization sponsors health seminars, health fairs and workshops to promote health education to the underserved population to prevent heart disease and strokes, improve hypertension, and decrease cardiovascular disease rates in their community. This initiative was made possible through funding from Region IV, Office of Minority Health in 2000, and today is supported by Robert Wood Johnson, Faith In Action funding.).
- Will co-sponsor a health disparities summit with UAB, Center for Minority Health and Research in 2004. The summit will bring together multicultural community organizations, academic institutions and medical entities in the state who have received funding to address health disparities. The purpose of the one day open forum is to look at geographical areas of the state as well as ethnic populations not included in interventions addressing health disparities, and to develop a comprehensive strategy to share resources.

### **Training/Technical Assistance**

- Co-sponsored a three-part series on *Cultural Competent Approaches to Health Care Services* with the Alabama Primary Health Care Association and the Area Health Education Center from October 2001 through April 2002. This live satellite video conference was funded by HRSA and viewed by 40 states.
- Collaborated with Office on Women’s Health on a joint training in July 2003, to develop a national database for minority health data collection.
- Provides state-wide regional training in three specific areas: a) cultural competency in serving diverse populations; b) reducing the risk of sudden infant death syndrome (SIDS) in African Americans and c) health promotion practices for the incarcerated inmates.

- Co-project manages for two community based projects funded by the federal Office of Minority Health addressing language and cultural barriers to health services.
- Responsible for the primary care recruitment and retention activities by overseeing the National Health Service Corps training project known as SEARCH—Students/Residents Experiences and Rotation in Community Health. Program provides clinical experiences in primary training for eligible health professional students who participate in a structured learning experience in primary care and family practice, working with underserved populations in designated health professional and medical shortage areas of the state.

## Resources

The Minority Health Section is staffed with one director, an assistant director and one full time administrative support staff. The office received one-time funding to support local projects to address community level minority health problems in 2003. The Minority Health Section expenditures are included in the overall state funds for the Office of Primary Care and Rural Health Development.

The office's approximate expenditures for FY 2001-2003 were:

| Funds   | State    | Federal | Private | Total    |
|---------|----------|---------|---------|----------|
| FY 2001 | \$85,500 | \$0     | \$0     | \$85,500 |
| FY 2002 | \$85,500 | \$0     | \$0     | \$85,500 |
| FY 2003 | \$94,424 | \$0     | \$0     | \$94,424 |

# Arizona

Miriam Vega, M.D., M.P.H.  
Director  
Center for Minority Health  
Office of Health Systems Development  
Arizona Department of Health Services  
1740 West Adams St., Room 410  
Phoenix, AZ 85007  
602-542-1219  
602-542-2011 Fax  
E-mail: [mivega@hs.state.az.us](mailto:mivega@hs.state.az.us)

## Organizational Structure/History

In 1991, the Arizona Department of Health Services (ADHS) published a report entitled "Closing the Decade," documenting facts that Arizona's ethnic minority populations were experiencing above average incidence of death and disease. Following the release of this report, the chief of the health department's then Office of Local Health held meetings with the director and staff at the Region IX office to discuss the desirability of creating a minority health entity in the health department.

In 1992, the health department held its first minority health conference, followed by a second one in October 1993, the same month that the director of the Department of Health Services created the Center for Minority Health. The Office of Local Health became the Office of Local and Minority Health.

Recently, the department underwent an organizational change, and the Center for Minority Health moved from the Office of Local and Minority Health to the Office of Health Systems Development. The Office of Health Systems Development focuses on access to care primarily among vulnerable population and leads the Arizona 2010 activities and programs to decrease health disparities. Therefore, the Center for Minority Health builds upon a cross-sectional team approach and intra-agency effort integration.

## Purpose/Mission Statement

*The mission of the Center of Minority Health is to develop a system to identify and assess the health needs of ethnic minority communities in Arizona and work with those communities to improve health outcomes and decrease health disparities.*

The Arizona Center for Minority Health has three main goals, around which a strategic plan will develop:

- Create a coordinated system among the agency's activities and programs that address needs of minority populations.
- Increase cultural awareness among ADHS staff and incorporate standards of culturally responsiveness in all services provided (directly or indirectly) by ADHS.
- Improve capacity of minority communities for health promotion and disease prevention.

## Program Activities

- Build an inventory of current ADHS minority health information, by requesting programmatic information across all three divisions, collecting and reviewing health statistics documents, and maintaining an inventory of this information in order to be the central repository for minority health data and serve as resource and central point of contact for ADHS on minority health issues, as well as to make this information accessible and useful to minority communities throughout the state.
- Promote culturally appropriate and linguistically accessible services for all persons served by ADHS, and incorporate the CLAS standards to the overall department's strategic plan.
- Form a minority health network by identifying ethnic minority communities and organizations in the state and building a directory of minority health stakeholders in the state.
- Convene a Minority Health Advisory Board, develop an internal and external minority health directory, and perform an internal assessment of minority health resources within ADHS are short-term objectives.

## Resources

The main resource is the team approach to decrease health disparities. Also the Center for Minority Health will convene an advisory board that will give recommendations and help to set priorities. Other resources are ADHS' staff, space and equipment.

# Arkansas

Christine B. Patterson  
Director  
Strategic Management/Office of Minority Health  
Arkansas Department of Health  
4815 West Markham St., Slot 22  
Little Rock, AR 72205  
501-661-2193  
501-661-2414 Fax  
E-mail: [cbpatterson@healthyarkansas.com](mailto:cbpatterson@healthyarkansas.com)

Joy Carrington, M.S.W., M.Div.  
Program Coordinator  
Office of Minority Health  
Arkansas Department of Health  
4815 West Markham St., Slot 22  
Little Rock, AK72205  
501-661-2958  
501-661-2414 Fax  
E-mail: [jcarrington@healthyarkansas.com](mailto:jcarrington@healthyarkansas.com)

## Organizational Structure/History

The Arkansas Office of Minority Health is located within Staff Services. The director of the Health Department established the office in 1991 because of her concern regarding the disparity in health status of minority populations. The office works closely with the Arkansas Minority Health Commission that was established by legislation in July 1991 (Act 912). The Arkansas Minority Health Commission assures that all minority Arkansans access to health care that is equal to the care provided to other citizens of the state and to seek ways to provide education, address, treat and prevent diseases and conditions that are prevalent among minority populations. There are four areas of responsibility that the commission is tasked. They are as follows:

- Study issues relating to the delivery of and access to health services to minorities in the state
- Identify any gaps in the health service delivery system that particularly affect minorities
- Make recommendations to the relevant agencies and to the legislature for improving the delivery of and access to the health services for minorities
- Study and make recommendations as to whether services are available to insure future minority health needs will be met.

In 1993, the Department of Health hired a director for the office, and the Minority Health Commission obtained funding from the legislature to hire its director. The commission is a freestanding legislative entity (reporting directly to the Governor's Office) that collaborates with the state Office of Minority Health on many initiatives.

## Purpose/Mission Statement

*The Arkansas Department of Health, Office of Minority Health's (OMH) mission is to assist in ensuring that health services are appropriate, accessible, and sensitive to the needs of the minority population.*

*El objetivo de la Oficina de Salud para Minorías (OMH) del Departamento de Salud de Arkansas es contribuir a garantizar que los servicios de salud sean adecuados, accesibles y sensibles a las necesidades de la población minoritaria.*

AR-OMH's purpose is to advocate for the development of policies and programs that improve the health of racial and ethnic minority health. Healthy People 2010 is a federal mandate to eliminate ethnic and racial disparities, and AR-OMH's leader coordinates the agency's activities to accomplish this goal.

AR-OMH collaborates with all the programs within the Arkansas Department of Health to address the needs of minority populations. We provide technical assistance to the community in the area of asset mapping; grant proposal development, cultural competency, coalition building, and referrals to our constituents.

### ***AR-OMH can provide assistance with:***

- Developing model programs and demonstration projects that incorporate innovative approaches for improving the health of racial and ethnic minorities.
- Culturally competent curriculums to ensure services are provided in the language and cultural context most appropriate for clients.
- Referrals for language interpretation and/or translation services.
- Coordinating efforts with the Arkansas Minority Health Commission, community based organizations and other agencies that are focusing on improving the health of minorities.
- Pursuing appropriate funding streams, including state, federal and private foundation sources.
- Promoting community outreach by participating in public meetings and community sponsored activities.
- Access to health care.
- Cultural competency.
- Funding information and grant writing.

## Program Activities

The majority of the Arkansas Office of Minority Health's activities are in the area of policy development and advocacy. Listed below is a summary of some of the initiatives, conferences, coalitions, consortiums and collaborations AR-OMH is involved in:

### ***Arkansas Cancer Coalition (ARCC)***

- Statewide network consisting of organizations and individuals committed to the goal of improving the health of Arkansans.
- Mission is to reduce the human suffering and economic burden from cancer for all Arkansas citizens.
- Activities include the awarding of competitive "mini-grants" for innovative community-based projects, assisting ARCC partners with various outreach activities, supporting professional and public education surrounding various cancer topics, and planning for breast cancer and prostate cancer conferences. Partnering with the Arkansas Cancer Registry and the American Cancer Society to create an "Arkansas State Facts & Figures" report and county cancer fact sheets.

#### **Arkansas Kidney Foundation Coalition**

- AR-OMH supports this coalition by being an active participant. Coalition is comprised of providers who developed a program to address the increasing number of minority persons who were utilizing dialysis services. One of the major contributing factors to the increase in number was the high incidence of hypertension.
- Provides blood pressure screenings throughout Arkansas for community groups and churches.

#### **ARKIDS First Direct Outreach Statewide Coalition**

- Coalition was convened in an effort to have all interested parties come together to talk about and review a proposal from the Robert Wood Johnson Foundation. The coalition wanted to garner support of various agencies in Arkansas able to contribute either a portion of the match funding in the outreach initiative and or support the efforts of the proposed grant. The coalition would receive funding for a period of four years to work with minority populations, develop and sustain community outreach activities and build networking infrastructure with Arkansas agencies of similar interest. Once funding was secured the coalition changed its name to "Covering Kids and Families Coalition."

#### **Arkansas Legislative Black Caucus Retreat**

- In 2003, the Arkansas Legislative Black Caucus convened its first retreat held in a non-election year and reviewed successful and unsuccessful legislative initiatives proposed in the session of the 84th General Assembly. Annual event aims to address the problems endemic to minority Arkansans, resolve issues in planning for the next legislative session and produce a legislative agenda for the upcoming session so that each member can effectively represent the people of their respective district as well as the best interest of the state of Arkansas. The caucus's mission is to foster economic growth throughout Arkansas, cultivate opportunities for wealth and a higher standard of living for minority and low-income Arkansans. It also serves to effect a healthier state population, encourage an active and informed citizenry and provide equal opportunities for every child to receive a quality education.

#### **Arkansas Martin Luther King Jr. Leadership Conference**

- Annual event sponsored by the Arkansas Martin Luther King, Jr. Commission designed specifically to assist present and potential leaders harness and unselfishly direct this instinct to improve their lives, their communities, and the state of Arkansas.
- Program was framed to attract a diverse cross-section of people from all areas of the state. Participants ranged from those having a wealth of leadership experience to those who possess only the desire to serve and to work for positive change, but little or no experience.

#### **Arkansas Minority Health Consortium**

- Identifies, reviews and discusses issues related to the delivery of and access to health care services and gaps in the health services delivery systems.
- Consortium also makes policy and procedural recommendations on the availability of adequate services for at-risk minority populations within the participating agencies.
- Provides a forum for partner updates, informational dissemination and the delivery of legislative recommendations.
- Conception and development by Senator Tracy Steele.

### **Arkansas Prostate Cancer Workgroup**

- Desirable outcomes are to identify areas on which organizations can act together and foster discussions of possible ways to move forward on issues that lack consensus when addressing prostate cancer and cancer control for Arkansans.
- Designed for each organization to share and make others in the field aware of what is currently happening in their agency as well as upcoming events and monetary opportunities.

### **Arkansas Special Populations Access Network (A-SPAN)**

- Mission is to foster community, academic, and clinical partnerships that result in an increased access to cancer control activities for Arkansans, thereby improving survival outcomes.

### **Back to School Jam Fest**

- Annual festival encourages youth of all ages to attend and partake in health screenings/immunizations as well as health and fitness challenges for children. Entertainment, clothing discounts, school supplies, police and fire department vehicle displays, door prizes and more are available to children and youth during this annual fest.
- Sponsored by University of Arkansas for Medical Sciences/ACRC Cancer Control Outreach Center, Arkansas Medical Dental and Pharmaceutical Association, National Black Leadership Initiative on Cancer II, Nextel and the Martin Luther King, Jr. Commission.

### **Central Arkansas Health Fair**

- Annual health fair that brings together 700-900 community people and provides health services through partnerships.
- Sponsored by AR-OMH, Arkansas Minority Health Commission, the Arkansas Behavioral Health Services, St. Vincent's Health Ministry and four local churches on the last Saturday in October.

### **Child and Adolescent Service System Program (CASSP) Coordinating Council**

- Purpose is to develop and monitor a state plan for treating children with emotional disturbances. The law that established this program mandates that services are child and family centered and gives priority to keeping children with their families.
- Services are community based, with decision-making responsibility and management at the regional and local levels, and culturally and ethnically sensitive to meet the needs of the client base. Agency services are shared and coordinated.

### **City of Little Rock Annual Health Fair**

- Annual health fair for city of Little Rock employees. Provides free flu shots, cholesterol checks, glucose readings and blood pressure checks.

### **Covering Kids and Families Coalition**

- Developed to implement, monitor and update agencies participating in the four-year Robert Wood Foundation grant designed to work with minority populations, develop and sustain community outreach activities and enhance networking with agencies of similar interest. The two goals that the coalition is focusing on now are as follows:

- 1). Reduce the number of uninsured children who are eligible for Medicaid or SCHIP coverage but remain uninsured; and

2). Build knowledge, experience and capacity to achieve and endure national and regional commitment to sustain beyond the grant period the enrollment of is a program designed to provide mammograms to African American women in nine Arkansas counties. The Arkansas Foundation for Medical Care has invited several local and state agencies to support this endeavor. The AR-OMH has agreed to be a partner and provide information during each Healthy Family Jubilee event, in addition to children and adults in Medicaid and ARKids First.

#### ***Healthy Family Jubilee***

- Agencies provide services and information that benefit the entire family and community—free blood pressure, glucose, mammograms, cholesterol checks, how to handle accidental poisonings and other health information.

#### ***Hispanic Community Health Fairs and Local Services***

- AR-OMH provides brochures, pamphlets and health care materials to local individuals, church groups, health fairs, health ministries and communities. The materials are used in health fairs, health ministries and provide local communities needing assistance in obtaining educational brochures, pamphlets, etc. Materials for Hispanic community events are provided in Spanish and English.

#### ***Injury Prevention Coalition***

- Mission is to sustain, enhance and promote the ability of state, territorial, and local public health departments in reducing death and disability associated with injuries. The goals of the coalition are to expand the ability of public health agencies to develop policy, conduct research, and design, implement and evaluate interventions, provide training and education and coordinate and collaborate with other agencies and organizations to expand injury prevention activities.

#### ***Minority Health Summit***

- Annual conference highlights the areas of health disparities. Sponsored in part by the federal Office of Minority Health and PHS Region VI. AR-OMH is working toward eliminating along with other state, local, profit and non-profit agencies vested in the conference's focus and area of concern.
- There are six specific health areas that account for more than 80 percent of the annual higher proportion of minority deaths: cancer, cardiovascular disease and stroke, chemical dependency, diabetes, suicide and unintentional injuries, infant mortality, cross-cutting health area: HIV/AIDS.
- The summit's focus is on one of the Healthy People 2010 health factors—tobacco prevention and cancer. General attendance averages between 300-400 participants.

#### ***Minority Health Video Conference***

- AR-OMH is a host site for the annual videoconference presented by the UNC Chapel Hill School of Public Health's Minority Health Project. Videoconference covers issues and solutions related to collecting, analyzing and interpreting data for racial/ethnic populations; disentangling and assessing the relationships among race, ethnicity and socioeconomic status; using ethnographic research to improve enumeration and data quality and community-academic research partnerships.

### **Mississippi Delta Project**

- The goal is to identify key environmental hazards (and barriers to this identification), promote environmental quality, and where possible, reduce and prevent these hazards from impacting on health and the environment, with emphasis on persons in underserved communities. The Mississippi Delta Region—a 219-county strip along the Mississippi River in Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee is home to approximately 8.3 million people, including a large number of ethnic and racial minorities.
- Project is a collaborative effort between Centers for Disease Control and Prevention, Agency for Toxic Substances Disease Registry, state and local health departments, local community groups and institutions of higher education, particularly those that serve a large number of minority populations.

### **State Health Access and Resource Partnership (SHARP)**

- The mission of SHARP is to communicate and share resources, information and experience regarding health programs, initiatives and related policy issues to prevent duplication, advocate for policy development, provide technical assistance and provide resource identification. To enhance local communities to develop, implement, follow-up, and build capacity for increasing local access to medical, dental care, mental and preventive health care strategies, decreasing disparities and improving health status.

### **Wright Avenue Neighborhood Association, Inc. (WANA) Community Development Festival**

- Annual festival sponsored by WANA focuses on community growth and development. The theme for 2003 was "Food for the Heart, Mind and Body." There were three major goals for the festival—enhance overall community health, increase youth involvement in community events and expand awareness of Wright Avenue Neighborhood potential, and resources available to those interested in living or doing business in the neighborhood.

## **Training and Technical Assistance**

### **Cultural Competence Training**

- AR-OMH developed a cultural competency-training curriculum in conjunction with the University of Arkansas Medical Sciences Campus University Affiliate Program. The curriculum consists of three modules—two address diversity within the individual and the other addresses problem solving with an emphasis on poverty issues. Training is scheduled upon request.

### **Data Profile Book**

- A compilation document of five years of statistical data on minority health indicators.

### **Hispanic Risk Study**

- Project funded by the federal Office of Minority Health to determine factors that affect Hispanics utilization of public health services.

### **Marshall Islands Assessment**

- A community assessment conducted to ascertain the health concerns of the Marshall Islands population (Arkansas has a large group of this population in the northwest area of the state). The Arkansas Department of Health has collaborated with community and county agencies and partners to address health and social issues as well as develop tailored services to meet the population's needs.

### **Region VI Women's and Minority Health Status Indicators Database Conference**

- Sponsored by the U.S. Department of Health and Human Services, Office on Women's Health.
- Designed to bring together information needed by state and regional personnel into a centralized database. This information will be able to assess health status, perform public health planning, respond to questions from executive and legislative agencies and conduct resource allocation.

### **Spanish Classes**

- Provides assistance to colleagues who are seeking to take Spanish classes in order to enhance their language and communication skills.

### **AR-OMH Participation**

The Arkansas Office of Minority Health serves on several boards and commissions to lend guidance and perspective on the impact of programs on the health of minority populations. Some of them are:

- Arkansas Minority Health Commission
- Arkansas Commission on National and Community Services
- American Cancer Society
- Greater Assistance to those In Need (GAIN)
  - Provides a residential treatment facility, counseling, aid and monitoring to mental illness/developmental disabilities, mental illness and mental illness/substance abuse individuals in the state of Arkansas to incorporate the clients into daily life and to assist them in obtaining safe and affordable housing, food and clothing. Targeted services for persons with severe and persistent mental illness.
- Child and Adolescent Service Systems Program (CAASP)
- National Alliance for the Mentally Ill (NAMI)
- University of Arkansas at Pine Bluff

### **Available Materials**

- OMH Pamphlet
- DataProfile Booklet
- Hispanic Risk Study
- Lending Library: Books, videos and cassettes in both English and Spanish

## Resources

The Arkansas Office of Minority Health is staffed by a director, program coordinator and a shared administrative support person. The office is also a field site for graduate social work interns from the University of Arkansas at Little Rock. The office approximate budget is as follows:

| Year    | State    | Federal               |
|---------|----------|-----------------------|
| FY 2001 | \$75,000 | \$25,000              |
| FY 2002 | \$80,000 | \$30,000              |
| FY 2003 | \$85,000 | \$25,000              |
| FY 2004 | \$86,000 | \$15,000 ( carryover) |

\*The funds above pay for a program coordinator, maintenance and operation, and limited outreach support. The director of the Arkansas Office of Minority Health shows up in another section of the agency's budget ( this should be mentioned so it can reflect a true picture of the funds going to support the office). Previously, the figures were different because the director's salary had not been separated out. Many of our activities are in collaboration with other sections of the agency, and not reflected in this budget.

## Compensation for Second Language

Act 1462 of 2001 allows for up to a ten percent (10 percent) increase in pay to any employee whose specific job assignment requires the skill to communicate in a language other than English, including American Sign Language, and which skill is required as a secondary minimum qualification by the classification specification for the position occupied by the employee. In those instances where the granting of the additional compensation would have the effect of exceeding the maximum annual rate for the grade assigned to the employee's classification, the additional compensation shall not be considered as exceeding the maximum allowable rate for the grade.

# Arkansas Minority Health Commission

Judy Seriale Smith  
Executive Director  
Arkansas Minority Health Commission  
1123 S. University, Suite 312  
Little Rock, AR 72204  
501-686-2720  
501-686-2722 Fax  
E-mail: [arkmin.@mail.state.ar.us](mailto:arkmin.@mail.state.ar.us)  
Web site: <http://www.arminorityhealth.com>

## Organizational Structure/History

Established by law (Act 912) in July 1991, the Arkansas Minority Health Commission is made up of twelve members—two members appointed by the Arkansas State Senate, two members appointed by the Arkansas State House of Representatives, four members of the general public representing each congressional district are appointed by the governor and four state agency directors that serve unspecified terms.

## Purpose/Mission Statement

*The mission of the Arkansas Minority Health Commission is to ensure all minority Arkansans access to health care that is equal to the care provided to other citizens of the state, and to seek ways to provide education, address, treat, and prevent diseases and conditions that are prevalent among minority populations. The mission statement focuses on four areas of responsibility:*

- Study issues relating to the delivery of and access to health services to minorities in the state.
- Identify any gaps in the health service delivery system that particularly affect minorities.
- Make recommendations to the relevant agencies and to the legislature for improving the delivery of and access to health services for minorities.
- Study and make recommendations as to whether services are available to insure future minority health needs will be met.

# California

Vanessa M. Baird  
Chief  
Office of Multicultural Health  
California Department of Health Services  
1501 Capitol Ave., Suite 6017  
Sacramento, CA 95814  
916-440-7562  
916-440-7565 Fax  
E-mail: [vbaird@dhs.ca.gov](mailto:vbaird@dhs.ca.gov)

## **Organizational Structure/History**

The California Department of Health Services (CDHS) created the Office of Multicultural Health (CA-OMH) in August 1993 by Executive Order W-58-93, and in 1999, the CA-OMH was established in statute. Serving as the CDHS focal point for improved planning and coordination of activities and programs related to racial and ethnic populations in California, the office is organizationally placed in the Office of the Director.

## **Purpose/Mission Statement**

*The mission of the California Office of Multicultural Health is to increase the capacity of CDHS programs, health care providers, and ethnic/racial communities to reduce gaps in health status among and improve the quality of life of California's diverse population groups. The office will:*

- Advocate for culturally appropriate health services to ethnic/racial communities.
- Increase communication among CDHS programs, health services providers and ethnic/racial communities.
- Promote community participation in the design, implementation and evaluation of health programs.
- Increase competency in serving culturally diverse groups through training, technical assistance and strategic planning.
- Support the development and dissemination of culturally appropriate information, strategies and resources.

## **Program Activities**

The CA-OMH is a policy office and does not administer programs, but carries out its responsibilities through activities such as:

- Consultation/collaboration with CDHS programs and other entities on strategies to eliminate racial and ethnic health disparities;
- Serving as CDHS liaison to multicultural communities and committees/task forces;

- Conducting policy analysis on specific issues related to multicultural health; and
- Promoting culturally appropriate and linguistically accessible services for California's multicultural communities.

## **Resources**

The California Office of Multicultural Health staffing consists of the chief and three professionals. The CA-OMH's budget (does not include the chief position, which is part of the department overhead budget):

| <b>Year</b>    | <b>Total</b> |
|----------------|--------------|
| FY 2000 – 2001 | \$334,493    |
| FY 2001 – 2002 | \$346,946    |
| FY 2002 – 2003 | \$312,600    |
| FY 2003 – 2004 | \$275,595    |

# Connecticut

Nancy E. Berger, M.P.H.  
Director  
Public Health Initiatives  
Department of Public Health  
410 Capitol Avenue  
P. O.Box 340308, MS# 13PHI  
Hartford, CT 06134-0308  
860-509-8098  
859-508-7227 Fax  
Email: nancy.berger@po.state.ct.us

## Organizational Structure/History

The Connecticut State Legislature created the Connecticut Office of Multicultural Health (CT-OMH), Public Act 98-250, during the 1998 session. The CT-OMH for the state Department of Public Health (DPH) in Connecticut under Section 19a-4j, 19a-4k, and 19a-7 of the State of Connecticut general statutes designates the DPH as the lead agency for public health planning in Connecticut. In 1999, the CT-OMH published its first "Multicultural Health: The Health Status of Minority Groups in Connecticut" report. The health status assessment report documents disparities on specific social and health status indicators among Connecticut's four racial and ethnic minority groups and White residents.

In 2000, the State Legislature created the Advisory Commission on Multicultural Health by an act implementing and making technical changes to the biennium ending June 30, 2001. The Advisory Commission on Multicultural Health is charged with:

- Advising the commissioner of Public Health and the director of the Connecticut Office of Multicultural Health (CT-OMH) within the Department of Public Health on the preparation and implementation of reports and strategic plans and the coordination of issues and policies related to the functions of the CT-OMH under section 19a-4j of the general statutes.
- Advising the commissioner of Public Health on the development of a multicultural health promotion plan and monitor the implementation of such plan.
- Submitting recommendations to the commissioner and the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning multicultural health issues, policies and programs.

The Connecticut Department of Public Health supports the concept of a Multicultural Health Commission to improve the health of all Connecticut residents by eliminating gaps in the ration of disease, disability and death among the state's ethnic, racial and cultural populations (Senate Bill 543: An Act Creating A Commission on Multicultural Health).

In 2003, Commissioner Joxel Garcia reorganized DPH, which resulted in the closure of CT-OMH. In 2004, Commissioner J. Robert Galvin reorganized DPH, which resulted in the opening of Public Health Initiatives (PHI). The vision for PHI is that all people will achieve their optimal lifespan with the best possible quality of health in every stage of life.

## **Purpose/Mission Statement**

*The mission of Public Health Initiatives is to ensure that all people receive/benefit from effective and comprehensive programs and services for health promotion and prevention of disease, injury, and disability. It is also the mission of Public Health Initiatives to establish a dynamic inventory of current systems/services in place through DPH programs that address health disparities.*

## **Program Activities**

- In fiscal Year (FY) 2000, the Connecticut Office of Multicultural Health (CT-OMH) received a State Partnership Initiative contract from the Federal Office of Minority Health to support a project designed to assess the capacity of public health databases to monitor health disparities among Connecticut's multicultural populations. The project objectives are: (1) to assess the strengths and weaknesses of ethnic identifiers in existing data systems and gaps in available data; (2) to develop strategies for improved, uniform reporting of race and ethnicity across DPH databases; and (3) to develop a strategic plan.
- In March 2001, the CT-OMH participated in the development and planning of the New England Minority Health Conference to Eliminate Health Disparities. The conference included a workshop to provide community-based organizations with skills to draft grant proposals to address health disparities. Public Health Initiatives is now participating in the development and planning of the 2005 New England Minority Health Conference to Eliminate Health Disparities.
- In June 2004, Public Health Initiatives began overseeing the Connecticut Core Cancer Consortium. The function of the Connecticut Core Cancer Consortium is to provide leadership and guidance for the comprehensive cancer prevention and control strategic assessment, planning, and evaluation processes.

## **Resources**

Public Health Initiatives is staffed with two employees—the director and a secretary.

# Delaware

Mawuna D. Gardesey  
Director  
Office of Minority Health  
Division of Public Health  
Delaware Department of Health and Social Services  
Federal and Water Streets  
P. O. Box 637  
Dover, DE 19903  
302-744-4701  
302-739-6659 Fax  
E-mail: [mawuna.gardesey@state.de.us](mailto:mawuna.gardesey@state.de.us)

## Organizational Structure/History

The Governor's Advisory Council on Minority Health was established by an Executive Order on May 17, 1994. In September 1997, a minority health director was appointed as the point person in the Division of Public Health on issues affecting the health status of racial and ethnic minorities in the state. The minority health director functions as a member of the executive team for the Division of Public Health and reports directly to the state health officer.

In June 1998, the governor accepted the report of the Advisory Council and called for the formation of a statewide Minority Health Coalition to work as the community partner to the relevant state agencies to implement the recommendations of the council's report. The coalition was officially inaugurated on March 20, 2001.

In September 2002, after a long search, the Delaware Office of Minority Health added to its professional staff by hiring an administrator to manage a federal Office of Minority Health funded HIV/AIDS capacity-building grant.

## Purpose/Mission Statement

*To build partnerships and coordinate strategies to eliminate the health status gap between racial and ethnic minorities and the general population, by advocating for policies, programs and services that keep the well healthy and provide access to good quality care for the infirm.*

The Delaware Office of Minority Health (DE-OMH) advises the governor, secretary of Health and Social Services and the director of the Division of Public Health on strategies for improving the health status of minority populations. The office is committed to the promotion and maintenance of healthy lifestyles among the minority population in Delaware through advocacy for culturally competent approaches to outreach and prevention. In furtherance of this goal, the Division of Public Health's strategic plan has incorporated strategies for eliminating health disparities. An important function of DE-OMH is to advocate for and direct resources to the improvement of the health promotion and disease prevention capacity of community-based organizations and institutions. The goals of the office include:

- Advocate and influence public policy for the creation of an equitable system of health care for people of color;
- Make recommendations in the recruitment and retention of minority physicians to serve minority communities; and
- Improve the capacity of minority communities for health promotion and disease prevention.

## Program Activities

### ***Capacity Building Program***

- Developed and implemented a capacity building program for faith-based communities and other community-based organizations interested in HIV/AIDS prevention and control in minority communities across the state.
- Done in collaboration with the state HIV Prevention Office and with funding from the federal Office of Minority Health.

### ***Health Promotion***

- DE-OMH and Delaware State University School of Nursing are working with faith-based communities to provide health promotion services in targeted communities.
- Nursing students are charged with leading individual and group sessions to explain risk factors for some of the major causes of death and disability among racial and ethnic minorities in the state.
- Student nurses also identify the symptoms, some ways of controlling these diseases and screen community residents.

### ***Know Your Family Enemies Initiative***

- Aims to help residents identify the diseases that run in their families so that they can take the necessary steps to reduce their risk or at least delay the on-set. This initiative was so well received that it has been expanded to include the non-minority population.

### ***Every Child Deserves A First Birth Day campaign***

- Focuses on creating a greater awareness of the racial disparity in infant mortality rates in the state and to recommend intervention strategies for risk reduction.
- Campaign employed billboards, radio announcements, op-ed articles and tabletop displays.
- The program has developed a community presenters manual that is used to train representatives from community-based organizations to take the message back to their communities
- Done in collaboration with, and with funding assistance from, the federal Office of Minority Health.

## Publications

### ***"Health Disparities in Delaware"***

- Health disparities report completed in cooperation with the state Health Statistics Center.
- Intended as a resource for community-based organizations that need reliable data to support their grant applications and for advocacy groups that need good data to make their case.

### ***"A Health Status Report on Hispanics"***

- Report completed in cooperation with the state Health Statistics Center
- Intended as a resource for community-based organizations that need reliable data to support their grant applications and for advocacy groups that need good data to make their case.

## Resources

The DE-OMH is currently staffed by a director and an administrator. Administrative support for the office is provided by the Division of Public Health director's office. DE-OMH has a budget of \$50,000, all of which comes from state funding. This is however not the extent of funding available for minority health programming in the state. It is expected that all budget units within the Division of Public Health direct an appropriate section of their resources to minority health improvement. DE-OMH works to facilitate the direction of those resources.

In addition to these state funds, DE-OMH has received \$150,000 each year for the past four years from the federal Office of Minority Health as part of the State and Territorial Minority HIV/AIDS Demonstration Program—program builds capacity within minority communities for HIV/AIDS prevention programming.

# Florida

Melvin L. Herring, Jr.  
Director  
Office of Equal Opportunity and Minority Health  
Florida Department of Health  
4052 Bald Cypress Way, Bin #A00  
Tallahassee, FL 32399-1701  
850-245-4012  
850-487-2168 Fax  
E-mail: melvin\_herring@doh.state.fl.us

## Organizational Structure/History

In 1993, Florida's Minority Health Improvement Act authorized a two-year time limited Minority Health Commission. The Commission sunset in 1995. In 1998, the Department of Health established the Office of Equal Opportunity and Minority Health. This office is located in the Office of the Secretary and reports directly to the state health officer. The Office of Equal Opportunity and Minority Health is responsible for assuring statewide compliance with federal and state civil rights laws and policies relating to provision of equal opportunities in employment and assuring the provision of equally accessible and equally effective health services. This office is also committed to eliminating health disparities in racial and ethnic populations throughout the state of Florida.

## Purpose/Mission Statement

*The mission of the Office of Equal Opportunity and Minority Health is to ensure nondiscrimination and equal opportunity in employment and service delivery in accordance with state and federal laws; and to eliminate health disparities in racial and ethnic populations throughout the state of Florida. The ambitious goal of eliminating disparities in health status is currently focused on the six areas of greatest disparity experienced by racial and ethnic populations. This goal also parallels the focus of the nation's health objectives for the 21st century.*

## Program Activities

- In July 2000, the Department of Health took an innovative step in addressing racial and ethnic health disparities in Florida when HB 2339, the Patient Protection Act, was signed into law. HB 2339 provided the Office of Equal Opportunity and Minority Health \$5 million for the creation and administration of the "Reducing Racial and Ethnic Health Disparities: Closing the Gap Grant Program."

## Health Planning/Policy Development

- The Office of Equal Opportunity and Minority Health administers grants through the Closing the Gap Program to assist communities in mobilizing and organizing their resources in support of effective and sustainable programs which will support the elimination of health disparities in racial and ethnic populations. This program encourages community-level interventions that address the causes of illness and death, increase public awareness of the impact of unhealthy lifestyles, educate communities about the importance of screening and testing, increase community-based health promotion activities and increase culturally sensitive community-based disease prevention activities. The program funds 70 com-

munity based organizations throughout the state of Florida. The office is currently proposing legislation, which will increase the program by another \$10 million.

## **Health Promotion/Disease Prevention**

- In November 1999, the Office of Equal Opportunity and Minority Health held the Inaugural Inter-agency Minority Health Symposium entitled "Joining Hands, Gathering Solutions" which brought together many departments from the state of Florida and community partners to discuss racial and ethnic issues affecting good health. The event was co-sponsored by the U. S. Department of Health and Human Services. This symposium was a landmark event for establishing a statewide forum for addressing health disparity issues in Florida.
- In Fall 2001, the office is planning another statewide conference bringing together minority health organizations, community partners, and others to examine state and national minority health perspectives, highlight data and areas of concern, and share exemplary programs, resources and initiatives. In spring 2001, the office embarked on a public education awareness campaign to inform racial and ethnic populations of the disparities in health outcomes and encourage racial and ethnic populations to participate in education, prevention, and intervention programs. The campaign involved educational programming in multi-lingual markets using various media (radio, television, billboards, etc.).

## **Training/Technical Assistance**

- In an effort to continue the elimination of racial and ethnic health disparities in Florida, the Office of Equal Opportunity and Minority Health, in collaboration with Florida A & M University Institute of Public Health, sponsored six, one-day cultural competence training sessions throughout the state for the County Health Department directors, community-based partners and key staff. The office in cooperation with the Center for Health Equity also provided four regional workshops for community minority health partners on grant writing and workshops were conducted on capacity building.

## **Resources**

Since 1998, the Office of Equal Opportunity and Minority Health has expanded to seven full time and one part-time staff members. The office consists of the director, one senior management analyst II, three operations and management consultant II's, one administrative assistant, one staff assistant and one administrative secretary. The operating budget for the office since it was established is as follows:

| <b>Year</b> | <b>State</b> | <b>Federal</b> | <b>Total</b> |
|-------------|--------------|----------------|--------------|
| FY 2001     | \$5,000,000  | \$150,000      | \$5,150,000  |
| FY 2002     | \$5,000,000  | \$150,000      | \$5,150,000  |
| FY 2003     | \$4,605,500  | \$150,000      | \$4,755,500  |
| FY 2004     | \$4,605,500  | \$150,000      | \$4,755,500  |

# Georgia

James Couch  
Deputy Director  
Office of Minority Health  
Georgia Department of Community Health  
2 Peachtree St., Suite 34.292  
Atlanta, GA 30303-3159  
404-463-0393  
404-657-2769 Fax  
E-mail: jcouch@dch.state.ga.us

## Organizational Structure/History

The Georgia Office of Minority Health (GA-OMH) was first established as a minority health unit of the Office of Policy and Training within the Department of Human Resources (DHR), Division of Public Health in 1991. Downsizing due to budget reductions led to the elimination of the unit. After three years of inactivity, the Georgia Office of Minority Health was re-established February 16, 1996 as a collaboration of Public Health and Medicaid and was administratively attached to the Director's Office within the Division of Public Health in the Department of Human Resources. In July 1999, the Department of Community Health (DCH) was established and GA-OMH was transferred to DCH in the fall of 1999 and operates as a division of the Department of Community Health.

## Purpose/Mission Statement

*The mission of the Georgia Office of Minority Health is to lead statewide public and private sector efforts to impact policy, strategic planning and program development to eliminate disparities, improve access to healthcare and provide minority health data and information.*

The Georgia Office of Minority Health vision is to achieve optimal levels of health and wellness for ethnic minorities and underserved populations in Georgia. The office provides an organized discrete focus serving to:

- Identify, assess and analyze issues related to the health status of minority populations and to communicate this information where needed.
- Develop and coordinate a state minority health plan, minority health needs assessments, service strategies and minority health data.
- Provide reference and resource information on minority health issues.
- Engage internal and external entities to support initiatives that address specific minority health needs including targeting health care program resources to meet these needs.
- Monitor Department of Community Health programs, policies and procedures for inclusiveness and responsiveness to minority health needs.
- Facilitate the development and implementation of research and scientific investigations to produce minority specific findings.

## Program Activities

The GA-OMH is engaged in strategic planning, policy and program development, data development and analyses, increasing public awareness and providing information and services to help eliminate the existing gap in health status. Components for the development of a strategic plan for the elimination of health disparities are in progress:

- Coordination and leadership in convening key stakeholders for a cultural competency symposium to develop standards for cultural competence among Georgia's healthcare workforce and in eliminating disparities in diabetes and cardiovascular disease.
- Public policy forums to address 1) language access, 2) rural health and 3) workforce diversity.

### ***Lifeline To Health***

- Monthly, live, statewide one-hour minority health radio broadcast of health news, features and guest panel interactive discussions with callers. Dedicated Web site <http://www.lifelinetohealthradio.com> contains health resources, health literature and program broadcast archives.

### ***Diabetes Lifestyle for Better Health Initiative***

- Faith-based prevention education seminars and clinic-based instruction and care program of lifestyle and behavioral change.
- Special six-months radio feature series on managing diabetes and the development of an audio-based learning module that anchors a community outreach project to train trainers and facilitate program replication in local communities.

### ***Health Education and health promotion presentations, health fairs, and product development***

- For example, the Community Health Guide for African Americans; "This is for Real" radio public service announcements for the African American and Hispanic (Esta es la Realidad) communities; and print media messages for Asian communities in Korean, Vietnamese and Chinese distributed through various media outlets across the state.
- Facilitates community-based efforts to address the delivery of culturally competent health care services and to improve access to health care for minority populations.
  - GA-OMH gave leadership to the development of a departmental policy for language access to persons with limited English proficiency.
  - Since 2000, office has funded onsite interpreter services for health intensives for migrant and seasonal farm workers in three rural regions of Georgia.
  - Coordinating statewide efforts in the development of processes to qualify/certify medical interpreters.
- Strategic planning including Community Listening Sessions and policy forums.

### ***HIV/AIDS project TAKE***

- Capacity building with minority community-based organizations providing training, linkages, information, technical assistance, strategic planning.
- Selected analyses and data reports including Georgia's first "HIV/AIDS Impact Among Minorities Report." (Second report to be released Winter, 2003.)
- Regional Minority Health Networks formed for local action planning.

***Partnerships with community based organizations through eliminating disparities contracts to implement local and regional strategies to address minority health issues:***

- Provide interpreter services for health care to migrant and seasonal farm workers in south Georgia; co-funded medical interpreter training; funded translation of health careers training resources for Hispanic youth and parents.
- Outreach to increase HIV/AIDS awareness among Asian populations and promote HIV/AIDS prevention, provide counseling and testing services, make linkages to culturally competent service providers.
- Provide vision screenings, eye examinations and eyeglasses, if needed, for uninsured migrant and seasonal farm workers.
- Develop a health wellness and training program for African American men and train trainers to initiate and facilitate discussions about men's health in faith-based and other community organizations.
- Increase awareness and access to care for Hispanics and African Americans in designated rural communities.
- Provide information and referral services for the Vietnamese population.
- Train barbers and beauticians to conduct blood pressure screenings, provide health awareness information and monitor progress for African Americans.
- Partnership with African American faith-based entities for PeachCare awareness and educational activities to encourage enrollment of potential eligible people into the state's SCHIP and Medicaid programs.
- Annual coordination of Minority Health Month activities statewide and calendar.

## **Previous Activities**

- Promoted healthy living, risk reduction and disease prevention through series of :30 second audio messages and short print ads. Messages distributed via radio and print media targeted the African American, Latino and Asian communities. The audio messages for the campaign, called "This is For Real" can be heard on the GA-OMH Web site in both English and Spanish.
- Produced "Live Healthier! A Prescription for Healthy Living for the African American Community," a booklet that gives African Americans in Georgia information on specific conditions, local resources, action steps to prevent illness or injury and how to manage and improve their health.
- Provided leadership and worked with various partners to develop and implement efforts to increase awareness and to reduce the incidence of sudden infant death syndrome (SIDS) in the African American community. These efforts resulted in billboards in 54 counties across the state; bus cards on Atlanta public transportation buses; movie theater preview promotions; a community forum; training public health staff; and work with faith community leaders to inform and engage them and to develop a toolkit for use by the faith community.
- Program on diabetes—*A Lunch and Learn*—was initiated for Capitol Hill employees. An informational awareness session focused on increasing awareness about diabetes, followed by a four-week series of diabetes self-management classes on site during the workday for diabetic employees.
- Facilitates community-based efforts to address the delivery of culturally competent health care services and to improve access to health care for minority populations. Gave leadership to the development of a departmental policy for language access to persons with limited English proficiency. Also funded onsite interpreter services for three health intensives for migrant and seasonal farm workers in three rural regions of Georgia. Partnership with a local foundation funded a medical interpreter-training program.

- Working with several faith community groups to develop initiatives for outreach to increase awareness in the African American community of PeachCare, Georgia's CHIP program.
- The GA-OMH awarded a \$450,000, three year grant from the federal Office of Minority Health for the State and Territorial HIV/AIDS Program Demonstration Grant. Through this grant, GA-OMH has established a minority community based organizations network and worked with these organizations to increase their organizational competencies, to facilitate linkages to federal resources and technical assistance, and to develop minority population specific data analyses.
- Produced a Georgia Minority Health Status assessment, a minority HIV/AIDS data report and conducted an environmental scan of minority health data in Georgia.
- Developed a sickle cell disease initiative to increase community and provider awareness and to develop funding for clinical services to uninsured adults.
- Offers multilingual Web pages at <http://www.communityhealth.state.ga.us>. The site includes minority health issue information pages and an e-mail link for inquiries, information and referral and correspondence. The site includes a minority health resource center providing linguistically and culturally competent health reference and resource information.

## **Resources**

The Georgia Office of Minority Health has three professional staff positions and two administrative support positions. Office expenditures for FY 2001 - 2003 were:

| <b>Year</b> | <b>Total</b> |
|-------------|--------------|
| FY 2001     | \$485,232    |
| FY 2002     | \$717,304    |
| FY 2003     | \$796,885    |

# Hawaii

Elaine Andrade, R.N., M.B.A.  
Coordinator  
Office of Health Equity  
Hawaii State Department of Health  
1250 Punchbowl St., Room 257  
Honolulu, HI 96813  
808-586-4673  
808-586-8252 Fax  
E-mail: [ekandrad@mail.health.state.hi.us](mailto:ekandrad@mail.health.state.hi.us)

## Organizational Structure/History

The Office of Health Equity (OHE) was created in January 2000 and is an attached office reporting directly to the director of the Hawaii State Department of Health.

## Purpose/ Mission Statement

*The Office of Health Equity is responsible for providing leadership and support in the Department of Health's efforts to identify and address health disparities among Hawaii's populations. A role of the OHE is to make recommendations to the director for policy changes, both internally and externally, that will help identify culturally appropriate interventions and their effectiveness within the diverse populations that the department serves. The OHE will develop and facilitate collaborative partnerships with community-based public and private health agencies, as well as department programs to create opportunities for health projects, interventions and activities designed to eliminate health disparities in Hawaii.*

## Program Activities

Activities addressing the elimination and/or reduction of health disparities that impact on Hawaii's multi-ethnic/racial populations for 2003-2004 include:

### **Assessing the Feasibility of Faith-Based Organizations (FBOs) for Health Promotion Programs in Hawaii**

- Grant project through the federal Office of Minority Health with one year funding of \$30,000.
- Project activities include formation of an advisory group consisting of representatives from Department of Health programs and key FBOs, and the University of Hawaii's Center for the Family.
- Conduct a survey of faith-based organizations to determine what health promotion/prevention activities are being conducted (e.g. diabetes programs, substance abuse programs, etc.).
- Develop a comprehensive listing of FBOs by county, throughout the state, analyze by community and by type of program, the availability of health programs offered in faith-based organizations.
- Develop a web-based directory of community-based programs offered in faith-based organizations.
- Develop criteria, conduct an assessment to evaluate and identify strengths and weaknesses of faith-based organizations' health programs. Prepare a summary report of findings.
- Disseminate findings to FBOs and provide recommendations for development of future programs.

# Illinois

Doris Turner  
Chief  
Center for Minority Health Services  
Illinois Department of Public Health  
535 West Jefferson St., 5<sup>th</sup> Floor  
Springfield, IL 62761  
217-785-4311  
217-558-7181 Fax  
E-mail: [dturner@idph.state.il.us](mailto:dturner@idph.state.il.us)

## Organizational Structure/History

The Center for Minority Health Services was created by law (H.B. 1216) in September 1991. Its chief reports directly to the director of public health. As of January 1996, the State Refugee and Immigrant Health Screening Program was transferred to the Center for Minority Health Services.

In the late 1980s, the director of public health requested a report on the status of minority health in Illinois. As a result, in April 1990, the state published its Minority Health Report. The report was provided to the legislature which supported the establishment of the Center for Minority Health Services.

The establishment of the Center for Minority Health Services (CMHS) through legislation gave it a sense of permanency. Having direct access to the director of public health also gives the center the status and authority to fulfill its mission.

## Purpose/Mission Statement

*The Center for Minority Health Services was created as a vehicle for implementing change, and designed to assess the health concerns of minority populations in Illinois and to assist in the creation and maintenance of culturally and linguistically appropriate programs. To achieve this goal, the CMHS works within the Department of Public Health and coordinates with other relevant federal, state, and local entities to heighten the awareness of minority health issues and to increase culturally and linguistically competent services and programs throughout the state.*

## Program Activities

Although the CMHS has numerous priority areas, including HIV/AIDS, cardiovascular disease, communicable disease, lead poisoning, and health education services, its major activities focus on working within the Department of Public Health and at the community level to ensure that minority health issues are addressed at all levels.

### **Minority Health Advisory Panel**

- Advises the Department of Public Health on issues of concern to minority residents. Established in June 1994, members, appointed by the director of Public Health, consist of health professionals, healthcare providers, educators, and community members, and represent all minority groups statewide. The committee is charged with: a) expanding access to health care providers; b) organizing relationships

between units within the department and minority groups; and c) developing multicultural, collaborative and innovative approaches to assist the department in addressing minority health issues.

- The Minority Health Advisory Panel and the Center for Minority Health Services have co-produced two reports on the health status of minorities in Illinois, completed intensive reviews of Department of Public Health Programs that significantly impact the state's minority populations, and worked collaboratively with appropriate stakeholders to enhance the department's programs, initiatives, and the health status of Illinois' communities of color.

#### ***Illinois HIV/AIDS Communities of Color Minority AIDS Initiative***

- Developed to address the high disproportional HIV/AIDS rates among African Americans in Illinois.
- HIV/AIDS case rates among African Americans are the highest among all racial/ethnic groups in Illinois.
- Although African Americans represent only 15 percent of Illinois' population, they comprise 51 percent of those living with AIDS and 54 percent of all HIV cases.
- Almost 69 percent of women reported with HIV are African American compared to African American men who represent 49 percent of male cases reported. Of females living with AIDS, African American women represent 65 percent of all cases.

Programs within Illinois HIV/AIDS Communities of Color Minority AIDS Initiative include:

- **Pilot Projects**  
Developed in conjunction with appropriate faith based and community based organizations that provide culturally competent HIV/AIDS education and prevention messages, counseling and testing services, linkages to care and treatment options and the Illinois AIDS Drug Assistance Program, and capacity building services.
- **African American HIV Epidemiology Committee**  
Works to build a strong social and professional network to stop the spread of HIV in communities of color; examines historical factors that have contributed to the current responses of communities of color; explores key issues in the areas of epidemiology, organizational development, coalition and partnership building, and HIV/AIDS prevention and care services directed to communities of color, and serves as a mediator for difficult dialogues within communities of color, as well as between communities of color, health departments, and national and local leaders. Works with three sub-committees—University and College Partnership, Social Marketing and Public Information, and Unity for Action.
- **African American HIV/AIDS Policy Institute**  
Being developed in conjunction with Chicago State University and various community stakeholders who represent a broad range of minority community constituencies. HIV/AIDS is a community pandemic that requires multiple levels of collaboration, through research and appropriate data collection methods, this policy institute will enable communities to more effectively advocate for policies and practices that are culturally appropriate and relevant.

### ***Bilingual Nurse Consortium***

- Consortium helps bring foreign trained nurses, currently in the U.S., into the workforce by facilitating their licensure, as well as providing various support services to expedite their (re) entry (English as a second language, etc.). A pilot program was established to assist foreign nurses meet licensure requirements after it was discovered that a substantial number of them living in Illinois were unsuccessful in obtaining licensure. In the first year, the pilot program graduated 22 nursing candidates who completed a twelve- month intense licensure preparation course. The consortium also discovered many barriers to licensure that have been removed by either legislative or regulatory action.

### ***Refugee and Immigrant Health Screening Program***

- Program coordinates the provision of health screenings to Illinois refugees and Orderly Departure Program immigrants through the identification, treatment and follow-up of observed health problems.
- Funds provided by the U.S. Department of Health and Human Services Office of Refugee Resettlement and the Illinois Department of Human Services are used to coordinate and manage the state program which includes the participation of seven local health departments and two health care centers and provides for interpreters and language appropriated printed materials to refugees that resettled throughout Illinois.
- On-going preventive health education using culturally sensitive curricula culturally competent projects and initiatives are established to meet the needs of various refugee populations, such as the
- 12-three hour health education sessions are provided to health care providers, screening site staff and health aids—topics covered include tuberculosis and hepatitis B infection, sexually transmitted diseases and HIV/AIDS, cardiovascular diseases and hypertension, nutrition, cancer (lung/smoking cessation, cervical and breast, colon and prostate), mental health and immunizations.
- Program distributes the “Health Guide for Refugees,” a book for refugee and immigrant newcomers to Illinois that provides basic information about the U.S. healthcare system, visiting the doctor, treating serious illnesses, and where to go for medical assistance. The guide is currently available in Arabic, Bosnian, Chinese, English, Russian, Spanish, Vietnamese and Western French.

### ***Asian Health Coalition in Illinois (ACHI)***

- Comprising more than twenty Asian organizations, the mission of the ACHI is to improve the health and well being of Asians in Illinois through the development of an Asian health agenda.
- A catalyst for the creation of the first Asian Health Coalition in Illinois (AHC), the Center for Minority Health Services is a co-sponsor of “Working Together for Healthier Asian American and Pacific Islander Communities: Capacity-Building in the Midwest” conference.

### ***Community Outreach Project***

- IL-CMHS and the Asian Health Coalition of Illinois in collaboration with Mutual Aid Associations are developing a community and mental health education pilot program targeting refugee communities throughout Chicago. This pilot program conducts community outreach and health education services to refugees, including educational material development and mental health referral training. The Mutual Aid Associations involved in the project are the Bosnian, Cambodian, Chinese, Ethiopian, Kosovo, Laotian, Pan African and Vietnamese Associations.

### ***Cass County Illinois Hispanic Initiative***

- A pilot bilingual-coordinated school health program offering a dental hygiene program, hand washing education, health fairs, school/sports physicals, tobacco cessation classes, breastfeeding classes and family planning services. Addresses the 200 percent increase in Hispanic population in Cass County.

### **Minority Health Month**

- Partnered with the American Public Health Association and, in conjunction with National Public Health Week, assisted in raising awareness about the elimination of health disparities. IL-CMHS created an extensive Minority Health Month calendar that included approximately 100 activities either sponsored or co-sponsored by the center.

### **Cesar Chavez Day of Learning Initiative**

- Cesar Chavez Day of Service and Learning commemorated by Center for Minority Health Services and Lieutenant Governor of Illinois. CMHS engaged two community-based organizations in the celebration: San Lucas United Church of Christ engaged high school students in serving the needy and the homeless with a special “we care” luncheon and the Midwest Hispanic Health Coalition celebrated the Cesar Chavez Day of Service by implementing a special event at J.C. Orozco Academy, a magnet school located in the heart of the predominantly Mexican neighborhood in Chicago. The project was an opportunity for young participants to demonstrate the value of leadership and commitment to a cause, as Cesar Chavez did through his life’s work.

### **Take a Loved One to the Doctor Day**

- CMHS participates annually in “Take A Loved One to the Doctor Day” held during the month of September. Statewide events focus on the importance of early disease detection and prompt health care referrals as essential elements to reducing health disparities that exist between racial and ethnic groups.

## **Resources**

The Center for Minority Health Services is staffed by a chief, two special assistants for Hispanic Affairs, and an administrative assistant. CMHS is funded by state general revenue funds and funding for the Refugee and Immigrant Health Screening Program from the federal Department of Health and Human Services, Office of Refugee Resettlement and the Illinois Department of Human Services.

Approximate office expenditures for FY2001 - FY2004 are:

| <b>Year</b> | <b>General Revenue</b> | <b>Federal Funding Grant</b> | <b>Total</b> |
|-------------|------------------------|------------------------------|--------------|
| FY 2001     | \$ 0                   | \$1,003,455                  | \$1,003,455  |
| FY 2002     | \$1,500,000            | \$1,201,328                  | \$2,701,328  |
| FY 2003     | \$455,265              | \$1,556,851                  | \$2,012,116  |
| FY 2004     | \$1,960,000            | \$1,258,344                  | \$3,218,344  |

# Indiana

Danielle L. Patterson  
Director  
Office of Minority Health  
Indiana State Department of Health  
2 North Meridian St., Section 2-K  
Indianapolis, IN 46204  
317-233-7596  
317-233-7943 Fax  
E-mail: [dpatters@isdh.state.in.us](mailto:dpatters@isdh.state.in.us)

## **Organizational Structure/History**

In 1988, the Indiana General Assembly enacted legislation that created the Interagency State Council on Black and Minority Health (Senate Act 269, Code IC 16-1-44). The council is mandated to review and assess the health status of minorities in the state of Indiana and submit an annual report to the governor and the General Assembly.

In 1991, the state health commissioner created and staffed the Office of Special Populations. The office, as part of the Public Health Services Commission, has been reorganized and renamed the Office of Minority Health. The Indiana Office of Minority Health (IN-OMH) focuses on efforts to improve disparities in preventable health conditions of minorities around the state of Indiana.

In 1992, the Interagency State Council on Black and Minority Health, in collaboration with the Indiana Black Legislative Caucus and the Indiana Minority Health Coalition, submitted the Five-Year Strategic Plan for Black and Minority Health to the Governor and Legislature. The General Assembly, in their acknowledgment of the needs addressed in the Five-Year Strategic Plan, passed legislation and appropriations for minority health initiatives. Appropriations applied to this legislation were allocated for FY 1995 and were to be granted to local coalitions by the Office of Minority Health. The State Health Commissioner appropriated funding from the state Department of Health in 1994 to accelerate the productivity in meeting minority health objectives.

The IN-OMH works cooperatively with the Interagency State Council on Black and Minority Health, and various institutions within the minority communities to address the objectives and recommendations of the Five-Year Strategic Plan. IN-OMH is responsible for the Minority Health Initiatives IC 16-46-11.

## **Purpose/Mission Statement**

*The mission of the Indiana Office of Minority Health is to identify and assess the health needs of minorities who experience severe problems gaining access to preventive and basic health care. In addition, the office:*

- Coordinates, facilitates, and monitors community-based programs tailored to meet the needs of these populations;
- Ensures that health related issues become part of the agendas of outside programs as they relate to underserved populations; and
- Maintains open dialogue with outside agencies in an effort to keep abreast of concerns, trends and problems as seen by these agencies which will assist in identifying gaps, barriers and duplication in services.

## Program Activities

Although the health of Indiana's population has improved, the Indiana State Department of Health (ISDH) recognizes that minority health disparities require additional attention to reduce premature deaths and prevent disease and disabilities in the minority population. The ISDH has undertaken several steps to update our understanding of minority health disparities, assess grantee performance in addressing those health needs, and develop a plan of action to address these needs more effectively. The following is a summary of the ISDH's efforts.

### Health Planning and Policy Development

#### **"2001 Indiana Minority Health Report"**

- Provides a comparison of the leading causes of death among racial and ethnic groups in Indiana with national data and the goals and objectives of Healthy People 2010.
- Provides information to assess the changing health status of the community, to develop resources and interventions in areas of need, and to improve modifiable health risk factors for adverse health conditions. Through these changes, the Indiana State Department of Health can achieve its goal of 100 percent access to health care for all and eliminating health disparities
- Presents the top 10 leading causes of death for each racial and ethnic group. In total there are 15 leading causes of death presented. Each cause is presented with a short review of the disease, progress tables of mortality rates for Indiana from 1995 to 1999, differences between race and ethnic groups, and a comparison of Healthy People 2010 target to that of national and Indiana mortality data.
- Published in April 2002, primary resources used for the report were Indiana Mortality Database, Centers for Disease Control and Prevention, Healthy People 2010, National Center for Health Statistics, Census Bureau, and the National Center for Injury Prevention and Control.

#### **"Healthy Indiana Minority Health Report"**

- "Healthy Indiana—A Minority Health Plan for the State of Indiana" (the Healthy Indiana Minority Health Plan) confronts racial and ethnic health disparities among Indiana residents by proposing strategies for effective intervention and elimination, with targeted improvement in the health status of Indiana's minority populations, specifically American Indians or Alaska Natives, Asians or Pacific Islanders, Blacks or African Americans, and Hispanics or Latinos.
- The plan supports *Healthy People 2010* and represents the collective wisdom of the Indiana Minority Health Advisory Committee, the Working Group, and the individuals and agencies who served as members of the External Review Group that reviewed and commented on the penultimate draft of the plan.

### Health Promotion/Disease Prevention

#### ***Black and Minority Health Fair***

- For 18 years, the Indiana State Department of Health has worked in collaboration with community organizations to offer the largest Black and Minority Health Fair in the country.
- The mission is to ensure that all Black and minority individuals who attend the health fair have access to preventive health screenings and gain information on healthier lifestyles. The annual event is held in conjunction with Indiana Black Expo's Summer Celebration.
- *Health Is a Matter of Facts* provided more than 108,000 screenings during the four-day event. Participants received free screenings valued at more than \$1000, including free dental screenings, asthma, HIV/STD testing, diabetes risk assessment, glaucoma and cholesterol screenings.

### ***"Shower Your Baby with Love, Baby Shower"***

- Hosted four "Shower Your Baby with Love, Baby Showers" in Evansville, Gary, Indianapolis and South Bend on Saturday, May 4, 2002, with more than 2200 expectant parents attending.
- The goal is to ensure that expecting moms have access to prenatal care, and successful development of their children both before and after pregnancy, regardless of geographic, social and economic status. In addition, help these expecting moms and dads build a network of friends to whom they can turn to when they need assistance and have questions during, and after their pregnancies.

### ***"Baby First...Right from the Start" Campaign in Gary***

- Goal of the campaign is to decrease infant mortality and low birth weight infants. The target population is high risk minority families who do not have access to prenatal care services.
- IN-OMH partnered with the Indiana Perinatal Association and the Maternal & Child Health Network of Lake County to promote campaign in Gary, IN—Gary has the highest infant mortality rate in the state.

### ***Partnership with the Indiana Osteoporosis Prevention Initiative***

- IN-OMH provides free bone density screenings to minority women throughout the state. Essential connections have been made by working with local churches. Faith leaders have opened their doors to educate their congregations on osteoporosis, and have provided space for the heel scans. Working with local minority health coalitions, more than 700 were screened and counseled for osteoporosis.

### ***Statewide Minority Diabetes Alliance***

- "Too Sweet for Your Own Good"—Managing Your Diabetes Conference was sponsored by IN-OMH, the Indiana Diabetes Prevention and Control Program and the American Diabetes Association. More than 250 people with diabetes and their family members attended the event. Session topics that covered the Indiana Consensus Guidelines for Diabetes Care were presented.

### ***State and Territorial Minority HIV/AIDS Demonstration Program***

- IN-OMH received funding from the federal Office of Minority Health through the State and Territorial Minority HIV/AIDS Demonstration Program.
- IN-OMH partnered with the Division of HIV/STD to conduct a needs assessment of community-based, minority-serving organizations in the delivery of HIV/AIDS services to priority populations. Information from the assessment will be used to develop an HIV/AIDS health status report and for the comprehensive HIV/AIDS state plan. IN-OMH will also help to identify short-and long-term strategies to reduce the burden of HIV/AIDS and related risk factors.
- IN-OMH contracted with an outside organization to conduct the needs assessment in 11 counties. Local community based organizations will be encouraged to provide the information that is needed to meet the demands of the growing minority HIV/AIDS populations. Based upon the outcomes of the needs assessment, organizations will also be given the opportunity to receive inner-office training regarding grantsmanship, cultural competence, street outreach and office management.

### ***"If Only I Had Known"—Take the Test, Take Control***

- Indiana's HIV Get Tested Campaign is modeled after a national 'Get Tested Campaign' run by the National Association for People with AIDS. On June 27th each year, people are encouraged to get tested for HIV and to know their HIV status. IN-OMH continues to partner with the Division of HIV/STD for the campaign.

## Training and Technical Assistance

### ***Translation Services***

- IN-OMH will pilot a project for the state of Indiana. In September 2003, the state identified a vendor to translated consumer information into Spanish. IN-OMH drafted the criteria for which the final selection was made and will undertake translating Indiana's public health information into Spanish over the next year. Major emphasis will be place on the ISDH Web site, external announcements and general consumer information.

### ***Grant Writing***

- In partnership with the Region V, Office of Minority Health and the Indiana Minority Health Coalition, the IN-OMH provided grant writing training to local health coalitions, IMHC staff and in-house staff. The training was provided through the Grantsmanship Center. After completing the training, participants are able to:

- Understand the relationship between program planning and grant proposal writing
- Identity and construct the core elements of a grant proposal
- Know how to distinguish between problem, objectives and methods
- Able to utilize hard and soft data to substantiate the proposal
- Know how to utilize the internet to conduct research on funding sources, statistics and program ideas.

### ***Chronic Disease Self Management Program (CDSM)***

- IN-OMH provided CDSM training to Department of Health employees and community lay leaders who have or are caring for a loved one with a chronic disease. Chronic disease is defined as having one or more of the following: arthritis, asthma and lung disease, cancer, chronic pain, congestive heart failure, diabetes, heartburn and acid reflux, heart disease, hepatitis, high blood pressure, HIV disease (AIDS), inflammatory bowel disease, irritable bowel syndrome, kidney stones, multiple sclerosis, Parkinson's disease, peptic ulcer disease, renal failure and stroke.
- The program, developed by the Stanford University School of Medicine's Patient Education Research Center, gives people the skills to cope with the symptoms and frustrations of living with a chronic condition. Trained ISDH staff will conduct the program. The program topics will cover:
  - Techniques to deal with problems such as frustration, fatigue, pain and isolation
  - Appropriate exercise for maintaining and improving strength, flexibility, and endurance
  - Appropriate use of medications
  - Communicating effectively with family, friends, and health professionals
  - Nutrition
  - Making informed treatment decisions
- There are six (6) weeks of 2.5 hours sessions (one per week) that are required for completion of the course. A book titled, "Living A Healthy Lifestyle with Chronic Conditions," is given to each participant.

### **Medical Interpretation**

- To assist our local communities in meeting the challenges of the growing Hispanic/Latino population, IN-OMH is partnering with the Indiana Primary Health Care Association (IPHCA) to host the *Bridging the Gap* training for medical interpretation. The 40-hour basic/intermediate training course will train local health providers as bilingual interpreters. The course accommodates up to 25 bilingual participants to be trained as interpreters and covers:
  - Basic interpreting skills (role, ethics, conduit and clarifier interpreting, intervening, managing the flow of the session), information on health care (introduction to the health care system, how doctors think, anatomy, basic medical procedures).
  - Culture in interpreting (self-awareness, basic characteristics of specific cultures, traditional health care in specific communities, culture brokering).
  - Communication skills for advocacy (listening skills, communication styles, appropriate advocacy).
  - Professional development.
- Materials include a student manual for each participant, a bilingual medical glossary available in Spanish, an English only glossary of definitions for speakers of other languages, culture specific materials about culture and traditional healing for 17 cultural communities, and an interpreter's guide to medications. The course is heavily participatory, including practice sessions, role-plays, and small group discussions.

### **Resources**

The Indiana Office of Minority Health is currently staffed with a director, a program director, an administrative assistant and an epidemiologist is assigned from the Epidemiology Resource Center. A public health administrator is expected to be hired by January 2004.

The Indiana State Department of Health in conjunction with the Indiana Minority Health Coalition administers the Minority Health Initiatives funding. In addition, several key ISDH programs served a significant number of minority clients such as Maternal and Child Health (MCH); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and HIV/AIDS.

The office expenditures were:

| <b>Year</b> | <b>Total</b>  |
|-------------|---|
| FY 2001     | \$2,250,000.00 MHI  |
| FY 2002     | \$2,250,000.00 MHI  |
| FY 2003     | \$2,503,849.79 MHI  |
| FY 2004     | \$2,592,500 MHI plus state appropriations<br>(State-\$2,250,000; Federal-\$190,000 and Private-\$152,500) |

# Indiana Minority Health Coalition

Stephanie DeKemper  
President/CEO  
Indiana Minority Health Coalition  
3737 North Meridian St., Suite 300  
Indianapolis, IN 46206  
317-926-4011  
317-926-4012 Fax  
E-mail: [sdekemper@imhc.org](mailto:sdekemper@imhc.org)

## Organizational Structure/History

The Indiana Minority Health Coalition (IMHC) is a statewide grassroots organization established in 1992. The coalition is comprised of concerned citizens and minority health advocates. The coalition also consists of a volunteer board, standing committees and task forces.

## Purpose/Mission Statement

The mission of the Indiana Minority Health Coalition is "*No ethnic/racial child, adolescent or adult will experience preventable health conditions at any greater rate than non-minorities.*" The coalition's goals are:

- Support and guidance to local coalitions—provide resources to develop/maintain operating capacity, carry out needs assessments and prepare and implement an action plan.
- Build an inventory of minority health data and collect and disseminate minority health information.
- Indiana minority health hotline—establish and operate an 800 number health information service and monitor, document and provide feedback to local coalition on calls.
- Collaborative activities —build relationships across the state to increase representation of minorities in the health and social service fields.
- Provide education conduct programs to enhance cultural competency.
- Provides direction and input to Indiana legislative bodies. When and where appropriate, IMHC will drive public policy. Recent efforts include increasing funding for the Minority Health Initiative, ensuring medical care for HIV positive women that are identified as a result of Indiana's mandatory testing laws and development of a commission to certify medical interpreters and translators.
- Provides disease management services as a vendor to the state Office of Medicaid Policy and Planning.
- The coalition has developed the Minority Racial/Ethnic Epi Research and Resource Center. The Epi Center collects, compiles, and analyzes minority specific health data. It conducts research projects, partners with universities and pharmaceuticals in conducting clinical trials, evaluates the effectiveness of IMHC and the programs implemented at the community level. The Epi center has a 1.5 million dollar annual budget.

## Resources

The Indiana Minority Health Coalition receives \$2.1 million as a direct appropriation from the state budget. IMHC is named in the legislation to carry out the Minority Health Initiative. Total agency budget for fiscal year 2003 is \$5.3 million.

# Louisiana

Durand "Rudy" Macklin  
Director  
Bureau of Minority Health Access  
Department of Health and Hospitals  
1201 Capitol Access Rd., 3<sup>rd</sup> Floor  
Baton Rouge, LA 70821  
225-342-4886  
225-342-5568 Fax  
E-mail: [rmacklin@dhh.la.gov](mailto:rmacklin@dhh.la.gov)

## **Organizational Structure/History**

The Bureau of Minority Health Access is located within the Office of the Secretary in the Department of Health and Hospitals. Established in the 1999 Legislative Session, providing access to care along with reducing health disparities among racial/ethnic populations were the determining factors for establishing such an office.

Louisiana's Minority Health Affairs Commission and the Disparity Commission were both established by way of legislation and serve as advisories to the bureau. Membership represents all major minority groups, including African Americans, Hispanics, Native Americans, Asian Pacific Islanders and Vietnamese Americans.

At the present time, the commissions are examining programs to assure that they focus on opportunities to reduce health disparities, and to fully maximize the best scientific and community-derived knowledge about how to deliver effective clinical and preventive services.

## **Purpose/Mission Statement**

*The mission of the bureau is to facilitate the collection, analysis, dissemination and access to information concerning minority health issues and to address and help reduce the disparities in health status for the underserved, under-represented populations in the state by using multicultural and culturally-competent approaches to enhance the ways in which health services are designed and delivered.*

## **Program Activities**

The Bureau of Minority Health Access in conjunction with the Minority Health Affairs Commission and the Disparity Commission aims to:

- Create and implement a standard approach for the implementation of and the use of community needs assessment;
- Encourage communities to become active participants in developing healthy environments to help foster the health and well-being of all those who live there;
- Assist the Department of Health and Hospitals in the design and creation of specific intervention programs that target minority and medically underserved populations to decrease morbidity and mortality;

- Create a collaboration of agencies to provide foreign languages translation to health care providers who focus on minority clientele;
- Assist in assuring that pertinent health care information is disseminated to minority populations in a linguistically-friendly form and format;
- Identify and work with other agencies and organizations dealing with health issues related to minorities and the medically undeserved as priorities; and
- Identify private sector agencies involved in planning, implementing, and delivery of health care programs and services to racial/ethnic minorities and to other underserved populations.

## Health Promotions

- To form community health groups, the Bureau of Minority Health Access actively recruits key leaders from city and regional government, local newspaper and other media, business and work sites, community colleges and universities, historically black colleges (Grambling State University and Southern University), medical and other health professionals, churches, social and civic service agencies, grass roots and advocacy groups and interested citizens.
- Most of the bureau's activities center around health workshops and health fairs with local community groups.
- The bureau is currently working with the Louisiana Health Care Review to decrease the state's high diabetes rate among racial/ethnic minorities.
- Establish community wellness programs to prevent heart disease, hypertension, HIV/AIDS and diabetes.
- Target minority children through the Louisiana Youth Against Tobacco Program.
- Improve access and delivery of health services for recognized Native American populations.
- Serve in an advisory capacity for "Improving Health and Long Term Care Service Systems and Support for People with Disabilities and Long Term Illness to Live in the Community."
- Sponsor the Black Bag Medicine Foundation's Educational Symposium for young medical school students
- Co-sponsor Louisiana Men's Health Conference

## Resources

The Bureau of Minority Health Access is staffed with two full time employees—the director and a secretary. Funding for local and statewide projects are provided by the Center for Disease Control, Office of Public Health Tobacco Control Program and Medicaid's LaChip program. The office's approximate expenditures for FY 2003 - 2004 were:

| Year    | Total     |
|---------|-----------|
| FY 2003 | \$150,000 |
| FY 2004 | \$150,000 |

The Bureau of Minority Health Access expenditures are included in the overall state funds within the Department of Health and Hospitals.

# Maryland

Carlessia A. Hussein, R.N., Dr. PH.  
Director

Maryland Office of Minority Health and Health Disparities (MHHD)  
Maryland Department of Health and Mental Hygiene  
201 West Preston St., Room 500  
Baltimore, MD 21201  
410-767-0094  
410-333-5100 Fax  
E-mail: [husseinc@dhmh.state.md.us](mailto:husseinc@dhmh.state.md.us)  
Web site: <http://www.mdhealthdisparities.org>

## **Organizational Structure/History**

House Bill 87 was passed in April of 2004 and mandated the Department of Health and Mental Hygiene to establish an Office of Minority Health and Health Disparities in the Office of the Secretary.

### **Vision**

The Maryland Department of Health and Mental Hygiene envisions a state in which health care services are organized and delivered in a manner designed to eliminate health disparities among its ethnic and racial populations, thereby leading the way to a Healthy Maryland in the New Millennium.

### **Mission**

*In fulfillment of the department's mission to promote the health of all Maryland citizens, the Office of Minority Health and Health Disparities shall focus the department's resources on eliminating health disparities, partner with statewide organizations in developing policies and implementing programs, and monitor and report the progress to elected officials and the public. The target ethnic/racial groups shall include African Americans, Hispanic/Latino Americans, Asian Americans and Native Americans.*

House Bill 87 identified a number of activities that must be carried out by this new program in Maryland:

- Be an advocate for improvement of minority health, work with the department, and educate the public regarding preventive health;
- Assist the secretary to establish priorities for programs;
- Collect, classify and analyze relevant research information and data collected or compiled by the department and others;
- Research innovative methods and obtain resources to improve existing data systems to include race and ethnicity identifiers;
- Serve as a clearinghouse and resource library on health disparities;
- Develop a strategic plan to improve public services;

- Obtain funding and provide grants to community-based organizations and Historically Black Colleges and Universities to conduct research on minority populations, and to support community based programs;
- Develop criteria for awarding grants to improve minority health care;
- Review existing laws and regulations to ensure that they facilitate adequate health care to minorities;
- Recommend to the secretary additions or changes to the law;
- Identify and review health promotion strategies relating to the leading causes of death and disability among minority populations;
- Develop and implement model public and private partnerships for health awareness campaigns, and improve access services;
- Develop recommendations for most effective means of providing outreach to racial and ethnic minority communities to ensure their maximum participation in publicly funded health benefit programs;
- Develop a statewide plan for increasing the number of racial and ethnic minority health professionals, include financing and recruitment;
- Work with colleges and universities of health professional schools and training programs to develop courses with cultural competence, sensitivity and health literacy that are designed to address disparities;
- Work collaboratively with existing groups as an alliances to reduce or eliminate disparities in the state of Maryland;
- Seek to establish a statewide alliance with community-based agencies and organizations and others to promote the objectives of MHHD;
- Evaluate multicultural or racial and ethnic minority health programs in other states to assess their efficacy and potential for replication;
- Apply for and accept any grant money from the federal and other sources which may be available for minority health programs, and
- Serve as the designated state agency for receipt of federal funds specifically for minority health and health disparities programs.

## **Resources**

The Maryland Office of Minority Health and Health Disparities is staffed with a director who also serves as the director of the state's Cigarette Restitution Fund Program (CRFP). CRFP receives major funding from the multi-state tobacco settlement and uses these funds to reduce smoking and control cancer. An underlying theme in CRFP is the reduction of health disparities among racial and ethnic minorities who were targeted by the tobacco industry.

The MHHD staff also includes three professional staff. Partners in the academic institutions, private sector and advocacy groups will provide in-kind support while the new office is building its infrastructure.

# Massachusetts

Brunilda Torres, L.I.C.S.W.  
Office of Minority Health  
Massachusetts Department of Public Health  
250 Washington St.  
Boston, MA 02108  
617-624-5272  
617-624-5046 Fax  
E-mail: brunilda.torres@state.ma.us

## Organizational Structure/History

The commissioner of Public Health created the Massachusetts Office of Minority Health (MA-OMH) in 1990. The director reports to the associate commissioner for Programs and Prevention, is a member of the senior management team and interacts across the departmental structure as technical assistance around programs and services relative to the diverse racial, linguistic and ethnic communities. The Office of Refugee and Immigrant Health (ORIH) is an integral component of the Massachusetts Office of Minority Health.

MA-OMH consults with a broad range of community, professional and academic groups. Internally the office staffs both the Minority Health Council and the Refugee and Immigrant Health Advisory Committee and collaborates with the various bureaus and programs to increase the agency capacity to improve the health and well being of racial, ethnic and linguistic communities. Specific coordination occurs with the Bureau of Health Quality Management around implementation and ongoing monitoring relative to the Emergency Room Interpreters Law and with the Division of Health Promotion responsible for health and wellness programming.

## Purpose/Mission Statement

*The Massachusetts Office of Minority Health promotes the optimal health and well being of racial and ethnic communities statewide by increasing the Department of Public Health's capacity to respond effectively to the critical need within these communities. Specifically, the office:*

- Promotes health policy to improve the health status of racial, ethnic and linguistically communities.
- Collaborates with programs across the department to ensure the provision of service delivery in ways that are appropriate to racial, ethnic and linguistic communities.
- Provides technical assistance to department programs on effective strategies to reach and serve racial, ethnic and linguistic communities.
- Develops public/private partnerships which support local and statewide minority and refugee and immigrant health programs.
- Advises the commissioner of Public Health on matters related to minority, refugee and immigrant health concerns.

## Program Activities

MA-OMH is part of the departmental infrastructure for program and policy development relative to minority, refugee and immigrant populations. In 2001, the functions of the separate offices of Minority Health and Refugee and Immigrant Health were integrated. The following presents a brief historical synopsis of each office.

### ***Office of Minority Health (MA-OMH)***

- Targeted health promotion, information dissemination and capacity building activities.
- Collaborated with the Massachusetts Tobacco Control Program in the design of the request for proposals, award of contracts, and coordination of funding in an effort to improve the department capacity reaching minority communities with smoking prevention and cessation efforts.
- The office collaborated with various internal divisions to increase their capacity to respond to minority community issues.
- Collaboration with the WIC program within the Bureau of Family and Community Health resulted in increased minority vendor participation and with the Community Health Network initial training on issues of cultural competency occurred.
- Sponsored several language specific radio programs as one way of reaching non-English populations. Radio programs focused on health concerns have been funded in Spanish, Portuguese and Haitian. In addition, the office has sponsored conferences targeting minority populations.

### ***Office of Refugee and Immigrant Health (ORIH)***

- Developed an infrastructure of services for linguistic minority populations. Since 1989 most hospitals requesting permission from Massachusetts Department of Public Health (MDPH) to transfer ownership or expand services have submitted plans for the provision of interpreter services as part of the *Determination of Need* process. ORIH collaborated with the Determination of Need Program to implement this process and monitor it ongoing.
- Funded medical interpreters training throughout the state and collaborated with the Massachusetts' Medical Interpreters Association to develop standards for medical interpretation.
- Developed and published an annual overview report on immigrants and refugees and a report, using Department of Education data, on children whose primarily language is not English.
- Collaborated with the Massachusetts Office on Refugees and Immigrants, the state's HHS Refugee Resettlement Program's point of contact, on issues pertinent to these populations and served as primary contact with agencies that serve newcomer and established immigrant populations.

## Current Activities

- In April 2000, the Massachusetts Legislature enacted Chapter 66 of the Acts of 2000 entitled "An Act Requiring Competent Interpreter Services in the Delivery of Certain Acute Health Care Services." This law mandates the provision of competent interpreter services to all patients seeking Non-English-speaking patients seeking care in acute care hospital emergency rooms. In collaboration with the Bureau of Health Quality Management, the bureau charged with regulatory responsibility, the MA-OMH developed and issued regulations implementing the legislation and "Best Practice Recommendations for Hospital Based Interpreter Services." The document is available at <http://www.state.ma.us/dph/>.

- “Latino Health 2000” and “Portuguese-speaking Communities Health 2000” were sponsored in FY 2001. Both conferences sought to increase the capacity of community based providers to respond to the needs of these communities. In addition, the Massachusetts Medical Interpreters’ Association provided medical interpreters training and contracts were awarded to the smaller events to ensure the dissemination of health promotion information and referral.
- MA-OMH, the Department of Mental Health, and the Office of Refugee and Immigrants sponsored several legislative and award events recognizing the contribution made by programs and individuals serving these communities and addressing the needs of these populations.
- MA-OMH collaborated with the Bureau of Health Statistics and Evaluation on several data initiatives. An internal working committee was convened to develop standards for the collection and reporting of race and ethnicity data. The committee continues to meet to resolve barriers identified by committee participants. A series of three birth reports were planned to provide within group analysis of aggregated birth data. In May 2001 at an event hosted by the Metta Health Center in Lowell, the “Asian Birth Report” was issued. The Hispanic and Black birth reports were issued in 2001 and 2002, respectively.
- The office assumed leadership in developing a tool to capture program efforts targeting minority and refugee and immigrant populations. In FY 02, the instrument will be piloted, revised as needed and administered.
- Partnered internally with the Office of Elder Health and externally with the Massachusetts Society of Eye Physicians and Surgeons and the Massachusetts Medical Society to develop a glaucoma public awareness campaign. A pilot survey to assess capacity related to glaucoma screening, referral and treatment was developed and administered statewide to community health centers. Analysis identified gaps and barriers to screening and treatment. Educational materials developed include brochures in Spanish and English and a transit poster. In FY 02, outreach to primary care physicians will occur, community based screenings will extend to non-English speaking communities and brochure translation into other languages are anticipated to occur.
- The Diversity Council is chaired by the commissioner and seeks to create a nurturing and inclusive work environment for all Department of Public Health staff. The council sponsors monthly diversity educational forum for presentations on issues relevant to the well being of populations at risk of health disparities. MA-OMH is an active participant in developing the infrastructure for council activities.
- The Refugee and Immigrant Advisory Committee (RIHAC) and the Minority Health Advisory Council (MHAC) provide guidance to the respective offices on program and policy development. In addition to staff these committees, MA-OMH has worked with the chairs of the advisories to improve communication and increase coordination between them and to maximize their utilization department wide.
- In addition to the targeted initiatives, MA-OMH has ongoing responsibilities of the following: annual overview report on immigrants and refugees; the PLINE report based on Department of Education data for children whose primary language is not English; and coordination for programmatic access to interpreters and translators.

## Resources

The Massachusetts Office of Minority Health has two full time and two part time staff and receives both state and federal funds and has an operating budget of approximately \$280,000.

# Michigan

Jacquetta Hinton  
Departmental Specialist  
Office of Minority Health  
Michigan Department of Community Health  
Community Public Health Agency  
3423 N. Martin Luther King, Jr., Blvd.  
P. O. Box 30195  
Lansing, MI 48909  
517-335-9287  
517-335-9909 Fax  
E-mail: [hintonjac@state.mi.us](mailto:hintonjac@state.mi.us)

## Organizational Structure/ History

In 1987, the director of the Michigan Department of Public Health convened a task force to study the status of minority health in Michigan. The task force issued a report titled "Minority Health in Michigan: Closing the Gap." One of their recommendations was to create of an office of minority health. As a result, in 1988 the Michigan Office of Minority Health (MI-OMH) was established by Executive Order 1988-10. The office is staffed by a departmental specialist and reports to the chief administrative officer of the Michigan Department of Community Health, Health Administration.

The Michigan Office of Minority Health serves as the coordinating body for minority health issues in the state. Michigan's Office of Minority Health serves five populations of color: African Americans, Hispanics and Latinos, American Indians, Asians and Pacific Islanders, and Arabs and Chaldeans.

MI-OMH has responsibility for the development, promotion and administration of health promotion programs for populations of color. This responsibility is carried out primarily through grants to local health departments and community-based organizations, grants targeted at assessment of needs and assets for minority population, community based interventions, and outcomes evaluation.

## Purpose/Mission Statement

*The Michigan Office of Minority Health was established to provide persistent and continuing focus on eliminating disparities in the health status of Michigan's at-risk populations of color. The purpose of the office is to ensure that policies, programs and implementation strategies are culturally and linguistically tailored to significantly reduce the mortality and morbidity rates of Michigan's populations of color. The office also collaborates with state, local and private sectors to advance and implement health promotion and disease prevention strategies. The major functions of the office are to:*

- Support and initiate programs, strategies and health policies which address disease prevention, health service delivery and applied research for populations of color;
- Collaborate in the development of all department programs and strategies that address prevention, health service delivery and applied research for populations for color; and
- Facilitate an ongoing integration of culturally appropriate and linguistically appropriate health services into the public health system.

## Program Activities

- Promoting healthy behaviors, while expanding access of health services through culturally competent services remains the top funding priority.
- “Color Me Healthy” is a statewide campaign launched in 1994 promotes healthy lifestyle behaviors and illuminate some of the positive changes that have occurred in the health status of Michigan’s populations of color.
- Competitive grant awards are key MI-OMH programs. The office began awarding grants in 1989 and serves as a testing ground for innovative demonstration projects. An emerging grant focus for grant awards is to develop strategies that emphasize positive (asset-based) approaches for health promotion.
- Asset Development MI-OMH Grants aim to facilitate capacity building in communities of color by developing asset-based health promotion interventions. The asset-based approach offers opportunities to discover and document the strengths of the targeted populations, and to then use these positive findings to create culturally and linguistically tailored preventive health interventions for Michigan’s communities of color.
- The Michigan Office of Minority Health would like to thank the community, local public health, the Department of Community Health, CDC, Preventive Block Grant Program, and the federal Office of Minority Health, Public Health and Sciences, Department of Health and Human Services, for the support, commitment, expertise, and energy devoted to implement the MI-OMH Asset Development Initiatives, 1998-2000.
- From FY97 – FY01, the Michigan Office of Minority Health, MDCH, has awarded approximately 4.5 million dollars to local public health and community agencies to develop programs that target the elimination of health disparities and increasing the health status among populations of color and African American males of all ages.

## Health Promotion and Disease Prevention

From FY 1997-1998 through FY 1999-2000, a three-year funding cycle served to provide competitive funding for twenty-two community-based agencies. To facilitate partnerships with community-based organizations, local health departments served as conduits through which the MI-OMH funds were distributed to community agencies. The three-year continuation-funding cycle for years 1998-2000 had specific goals:

- Year one (1998) Asset Community OMH Grants involved two phases: planning and implementation. The planning phase consisted of developing an asset-focused health promotion plan and implementing the plan.
- Year two (1999) required the “year one” funded communities to: select or design an asset survey tool which incorporated the targeted health priority, then train surveyors, conduct the asset survey within the targeted community, report the asset findings *back to the community* using a Geographic Information System (GIS), and evaluating the survey process.
- Year three (2000) were to:
  - Develop and implement targeted health promotion and disease prevention interventions that integrate the fiscal year 1998 and 1999 asset findings.
  - Develop and implement community strategic plan(s) that will result in the systematic integration of the asset findings/asset-approaches, through collaboration with the public, private, non-profit, schools and governmental sectors.
  - Develop a detailed plan that shows how the Asset-Based initiative will become a sustained and integral part of the community’s strategic action plan after the OMH funding ends.

- From FY 2000-1 until the present FY 2003-4, the Michigan Office of Minority Health has provided continuation funding for local health departments (LHDs) and community-based organizations (CBOs) who apply through the LHDs the opportunity to expand their focus and/or approach to health disease prevention and interventions. The funding is designed to address the identified local minority health disparities in the most effective manner in their particular communities. The grantees were allowed to coordinate OMH funds with existing activities and services funded from other sources or use for stand alone projects.
- The grantees were required to provide specific, time-phased, measurable statements of what the project will do to accomplish the proposed goal(s). Objectives that related to the need identified in the overall mission of the program; objectives that included baseline data (when available) and quantifiable expected outcomes, and time frames that were realistic for achievement.

## **Training and Technical Assistance**

- From 1989 to 1998, the Michigan Office of Minority Health awarded professional education grants, which provided scholarships or stipends to students of color who were pursuing degrees in public health, medicine and nursing. Within these funding years, two agencies received OMH professional education grants—the University of Michigan School of Public Health in total received \$450,000 over a six-year period and the Michigan Association of Local Public Health received approximately \$50,000 over a two-year period.
- In 1995, established the Speakers Information Service (SIS), a directory of persons of color or other culturally competent individuals, who can deliver presentations, workshops and seminars on a range of health and human service topics.

### ***On-Board Leadership Training for Communities of Color***

- Funded a board skills leadership program, On-Board Leadership Training for Communities of Color, in 1998, 1999 and 2000.
- Created “On-Board” in 1996 as a board development training program. The goals of the program were: (1) to promote community-based capacity building through a board development training program, and (2) to enhance and influence policy and program formulation in both the public and private sectors by expanding the pool of individuals with board ready skills, who can service on various health and human service committees, task forces and boards.
- “On-Board” training was conducted by United Way Community Services of Metro Detroit’s (UWCS) BoardWALK” program. In its 9th year, the UWCS’s “BoardWALK” contained 22 separate workshops on not-for-profit governance, combined with the most current literature available in the field. MI-OMH chose eight sessions from “BoardWALK” to comprise the “On-Board” series.

### ***Michigan State University’s University Outreach Partnerships Office***

- Contracted by MI-OMH, from FYs 1997-98 through 1999-2000, to develop instructional training for the MI-OMH-funded agencies. Participation by the local health department awardees and their community-based grantees was a condition of the asset-based MI-OMH grant. The instruction was geared to the “how-to’s” of:
  - Developing outcome evaluation measures for asset-based approaches and the practical steps of conducting an asset survey;
  - Conducting asset surveys and
  - Systematic reporting of asset findings to the community.

- In 2002, the MI-OMH sponsored a free five-day grant writing training session to 26 selected minority health representatives from local health departments, community-based organizations and health care professionals. The office also covered the training costs and materials for each participant. The trainers provided a classroom lecture but also assisted each participant with practical, real life applications in writing grants. The training included training materials and follow up support services. The follow up services included review of the participants' grant proposals for one year after the workshop and access to the TGCI forum and Internet support group of more than 2,000 TGCI alumni.
- In 2004, the MI-OMH is planning to host an obesity conference to address the needs of the increasing number of obese and overweight persons in populations of color. Obesity and overweight illustrate a common nutritional problem in the United States, especially among populations of color. 65 percent of African American and Mexican American women are overweight with a body mass index above 25. The prevalence of obesity affects minority populations disproportionately. Obesity rates in children and adolescents are increasing by 80 percent and American Indian children are more than twice as high as the nation's population as a whole.

## Resources

The Michigan Office of Minority Health has been persistent in seeking external grants. In recent years, it has received grants from the Association of State and Territorial Health Officials, the W. K. Kellogg Foundation, the federal Office of Minority Health, HHS and others.

- In 1998, MI-OMH received a \$30,000 professional services contract from the federal Office of Minority Health to conduct an asset survey for 3,000 youth-of-color in Michigan. The goal of the contract was to facilitate community capacity building by identifying and putting to use internal and external assets of individuals and communities.
- In 2002, MI-OMH received a \$14,000 from the Region V, Office of Minority Health to conduct grant writing training workshop presented by the Grantsmanship Center a world renowned grant training and resources organization based in California. Twenty-six selected minority health representatives from local health departments, community-based organizations and health care professionals participated in the training. Both the novice and the experienced person were encouraged to apply for this training.
- In 2004, MI-OMH received a \$20,000 professional services contract from the federal Office of Minority Health to convene a conference on obesity and minority populations—focusing on education, research and treatment available to assist minority populations in controlling weight and body mass index.

The Michigan Office of Minority Health consists of a departmental specialist. The following budget figures include both state and federal monies. Since 1991, the OMH community grant awards have totaled approximately \$650,000 per fiscal year. These grants have been funded from the Preventive Block Grant, Centers for Disease Control, Department of Health and Human Services. The office's expenditures for FY 1998-2003 are:

| Year    | Total                          |
|---------|--------------------------------|
| FY 1998 | \$921,800                      |
| FY 1999 | \$650,000 for Community Grants |
| FY 2000 | \$650,000 for Community Grants |
| FY 2001 | \$650,000 for Community Grants |
| FY 2002 | \$650,000 for Community Grants |
| FY 2003 | \$650,000 for Community Grants |

# Minnesota

Gloria C. Lewis  
Director  
Office of Minority Health  
Minnesota Department of Public Health  
85 East Seventh Place, Suite 400  
St. Paul, MN 55101  
651-296-9799  
651-215-5801 Fax  
E-mail: [gloria.lewis@health.state.mn.us](mailto:gloria.lewis@health.state.mn.us)

## Organizational Structure/History

The Minnesota Office of Minority Health (MN-OMH) was established by Minnesota's commissioner of Health in 1993. The first permanent director was hired in 1994. The office is part of the organizational structure of the Minnesota Health Department's (MDH) Executive Office and changed its name in 2001 to Office of Minority and Multicultural Health to reflect the growing racial and ethnic groups and the vast cultural factors in Minnesota.

## Purpose/Mission Statement

*The mission of the Office of Minority and Multicultural Health is to strengthen the health and wellness of racial/ethnic, cultural and tribal populations of the state of Minnesota by engaging diverse populations in health systems, mutual learning and actions essential for achieving health parity and optimal wellness.*

Specific responsibilities of the Minnesota Office of Minority Health include:

- Facilitate the collection of data and vital health statistics on populations of color and American Indians that reflect health disparities and provide a basis for programs and initiatives to reduce and eliminate health disparities;
- Provide leadership on all issue relative to health status of populations of color and provide the MDH with direction and focus for improving health status of populations of color and American Indians;
- Facilitate collaborations and partnerships between and with local public health departments, community based organizations the philanthropic community, and the faith community to identify and address public health issues of populations of color and American Indians;
- Assist communities in assessing public health needs, developing policy, strategies, and program design to meet the needs of populations of color in areas of disease prevention, health promotion and the health care delivery system;
- Facilitate projects and initiatives to increase capacity of minority agencies and organizations of color and American Indian agencies to compete and receive funding to address health disparities and other areas of health affecting populations of color and American Indians;
- Develop a research agenda in collaborations with MDH and research oriented entities to ensure that valid and reliable health data is maintained on all populations of color and American Indians; and

- MN-OMH works collaboratively with all divisions to ensure that minority health is infused in all aspects of the Minnesota Department of Health. The office also works to ensure that the needs of populations of color and American Indians are not only addressed through the elimination of health disparities but to also focus and enhance health policies and programs that have proven successful and to discontinue activities that are neither effective nor beneficial to populations of color and American Indians.

## Resources

The Minnesota Office of Minority Health is presently staffed by 8 full time employees—a director, assistant director, five health coordinators and an administrative assistant.

The FY 2004 budget including staff, Eliminate Health Disparities Initiative Funds, federal funds (Preventive Block Grant and federal OMH HIV/AIDS Grant) totals \$11.6 million.

The Eliminate Health Disparities Initiative was passed by the Minnesota State legislature in June of 2001. The legislature allocated \$13.9 million for this initiative with the bulk of the funds going to community based organizations from populations of color and American Indians to eliminate racial and ethnic health disparities in eight priority health areas—diabetes, cardiovascular disease, HIV/AIDS, breast and cervical cancer screening, unintentional injury and violence, infant mortality, adult and child immunizations and teen pregnancy. Tribes in the state of Minnesota were allocated \$1 million of these funds to address the eight priority health areas.

Fifty community based organizations and ten tribes covering forty-one counties in Minnesota and all racial and ethnic groups are now working on eliminating racial and ethnic health disparities.

For more information on this initiative and the Minnesota Office of Minority Health, please go to our Web site at <http://www.health.state.mn.us/ommh/>

# Mississippi

Louisa Young Denson, M.P.P.A., L.S.W.  
Deputy Bureau Director  
Minority Affairs  
Mississippi State Department of Health  
570 East Woodrow Wilson Blvd.  
Jackson, MS 39216  
601-576-7950  
601-576-7905 Fax  
Email: ldenson@msdh.state.ms.us

## Organizational Structure/History

Since 1980, there has been an increasing interest in the improvement of health status indicators in the United States as it applies to minority populations. The 1985 "Report of the Secretary's Task Force on Black and Minority Health" noted numerous disparities in the health status of non-minorities and minorities.

As a result of the findings presented in the 1990 "Report on Minority Health in Mississippi," by the Mississippi State Department of Health (MSDH), the governor established the Minority Health Care Task Force in 1992 to assess the health status of the racial ethnic minority population in the state of Mississippi. The reports' findings revealed that if the following risk factors were reduced, it would greatly decrease morbidity and mortality rates in minority communities. The risk factors are: smoking, inadequate nutrition, lack of early identification of diseases, lack of access to care health, lack of professional education for health providers, and the lack of funding for services and programs which directly benefit minorities. The Task Force studied the committees' recommendations and set forth a number of recommendations that if implemented, would have greatly reduced the health disparities among racial and ethnic populations.

In December 1998, the state health officer authorized the formation of a steering committee to develop a structure for an Office of Minority Health within the Mississippi State Department of Health (MSDH) and to implement the Task Force recommendations. As a result, activities under Minority Health were initiated in March 2000, however no funding was appropriated.

## Purpose/Mission Statement

*The mission of the Mississippi Office of Minority Health is to promote, assess and advance the health status of racial and ethnic minority residents in Mississippi. The office's goals are to:*

- Identify gaps and assist in the development of health policies inclusive to minorities and minority health needs;
- Promote the collaboration of healthcare organizations and agencies to assure availability and accessibility of healthcare services for minorities;
- Use available minority health data to promote education and prevention of illnesses and diseases in minorities; and
- Evaluate and monitor the progress of the health status of the racial/ethnic minority population.

## Program Activities

In March 2000, the MSDH sponsored a health disparities conference, aimed at developing ways to eliminate racial and ethnic health disparities. This is the first of a three-phase project designed to address strategies and solutions. During this conference the strategies and recommendations were set forth for the development of a state-wide health plan to eliminate health disparities. The target areas for the plan are accessibility, education, communication, collaboration, and cultural competency. As a result of the conference discussions, Phase II was implemented. Phase II consists of MSDH spearheading an effort that will identify strategies to eliminate barriers to quality health care for Mississippi's racial/ethnic minorities. MSDH received a technical assistance grant from the federal Office of Minority Health to develop strategies for a statewide health plan that will address the elimination of race and ethnic health disparities in six areas: infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, and adult and child immunization.

- The goals of this project are to: (1) develop statewide public forums to identify/discuss barriers, make recommendation, and develop solutions to eliminate health disparities; and (2) create a sustainable network of partners who will assess continuously the needs of their communities.

The project objectives are to:

- Identify health care problems that are more prominent in various areas of the state;
- Review data and suggestions to determine the most useful method of approaching barriers to eliminate race and ethnic disparities; and
- Sustain and expand collaborative efforts following the funded period.

The state plan to eliminate health disparities in Mississippi is scheduled to be completed in September 2001. Implementation will occur after approval and funding has been obtained.

The MSDH is also participating in a series of healthcare summits sponsored by the Governor of Mississippi. The summits are designed to bring together health care experts and people who use medical services to create solutions that make health care opportunities and access better for every Mississippian. The focus will be on the uninsured, elderly, diabetes, obesity/physical activity, breast cancer screening, hypertension, and cardiovascular disease.

## Resources

Unfortunately, the funding for the office's positions and activities has not been appropriated. The office is currently staffed by existing personnel.

# Missouri

Joy R. Williams  
Chief  
Office of Minority Health  
Missouri Department of Health and Senior Services  
920 Wildwood Drive, P.O. Box 570  
Jefferson City, MO 65102  
573-751-6064  
573-522-1599 Fax  
E-mail: willij2@dhss.mo.gov

## Organizational Structure/History

In April 1987, State Representative Mary Groves Bland met with Dr. Robert Harman, then director of the Missouri Department of Health, regarding the establishment of the Minority Health Issues Task Force. As a direct result of this meeting, the first Department of Health Minority Health Issues Task Force, consisting of community representatives and department employees, was appointed in May 1987.

In January 1988, the Minority Health Issues Task Force forwarded two formal recommendations to the director of the Missouri Department of Health:

- Establish an Office of Minority Health within the Missouri Department of Health and
- Reduce infant mortality in black and other minority populations, utilizing the Healthy Mothers, Healthy Fathers, Healthy Babies health education project concept.

Both of these recommendations were accepted and have been implemented within the Missouri Department of Health. Representative Bland sponsored House Bill 1565 establishing the Missouri Office of Minority Health, which was signed into law by the Missouri Governor John Ashcroft in June 1988. The Missouri Office of Minority Health (MO-OMH) is currently seated in the Director's Office of the Missouri Department of Health and Senior Services.

## Vision/Mission Statement

*The vision of the Missouri Office of Minority Health is that Missouri will become a state where diversity is valued and all residents live healthy productive lives free of health, economic and cultural disparities.*

*The mission of the office is to develop the Department of Health's capacity to eliminate health and wellness disparities. This will be accomplished through a partnership between the Department of Health (DOH), the Minority Health Advisory Committee (MHAC), regional alliances and other community coalitions sharing in the development of policies, initiatives, strategies and a philosophical approach to meeting the health care needs of minority populations.*

## Program Activities

### **Minority Health Advisory Committee**

- This committee was originally formed in response to the 1985 Report of the Secretary's Task Force on Black and Minority Health. It is comprised of 6 regional alliances statewide and a 24 member state board. MHAC has been successful in creating an avenue to generate input and activity at the local level, and to provide a bridge of communication between the minority community and Department of Health and Senior Services. The current Minority Health Advisory Committee configuration establishes representation from both *rural* and *urban* geographic areas on the MHAC Board and also allows for equitable representation of African Americans, Latin/Hispanic Americans, Asian/Pacific Islander Americans and Native Americans. Three priority action areas have been established and are as follows: obesity, HIV/AIDS and diabetes.

### **Governor's Commission on Minority Older Adults**

- A 14 member commission to address the special health, psychological and social needs of minority elderly. The commission produces a yearly report which states the needs of Missouri's minority elderly as compared to the older population at large and makes recommendations based on their findings. In preparing this report, the commission shall solicit and consider the input of individuals and organizations representing the concerns of the minority older population.
- The commission conducts an outreach program that provides information to minority older Missourians about health, psychological and social problems experienced by minority older individuals and available programs to address those problems.

### **Missouri Center on Minority Health and Aging**

- In 1997, the Missouri Department of Health, Office of Minority Health established this center on the campus of Lincoln University, Missouri's only historically Black 1890 Land Grant institution. The center's leadership vision and mission are accomplished through education, training, applied research, policy analysis and the use of technology as strategic tools. Current projects include a nutrition program for rural minority communities and a diabetes health promotions project.

### **Emergency Response Plan to HIV/AIDS in the African-American Community**

- In cooperation with the Governor's Office and Missouri Department of Health's Section of STD/HIV/AIDS Prevention and Care Services, an emergency response plan with goals, objectives, strategies and interventions was funded in August 2001. Activities area focused developing community capacity to organize and collaborate in relation to stemming the growth of new HIV infections in the African American community. This unit is also a recipient a State and Territorial Minority HIV/AIDS Capacity Building Demonstration Grant. Specific unit products include a Web-Based Minority Training Program, Speakers Bureau, Capacity Building Training Seminars, Age and Gender Specific Service Inventories, Annual HIV/AIDS Status Reports and State and Local Advisory Groups.

### **Obesity Prevention Project**

- MO-OMH will award community grants totaling \$200,000 to local organizations to develop obesity prevention and nutrition interventions for St. Louis and Kansas City metropolitan areas and the rural Bootheel region of the state.

## **Outcomes**

- Increased involvement of minorities in identifying and implementing strategies to address their health needs.
- A shared and improved communication network on minority health issues, MHAC activities internally (DOH) and between DOH external partners.
- Effective analysis of federal and state legislation for its impact on the health status of minorities.
- DOH that has awareness of the existence and implications of health disparities, staff committed to the reduction of these disparities, and an active involvement of minorities at the policy making level.
- Increased funding provided to minority community based health organizations for the reduction of health disparities
- Facilitate DOH goals and objectives aimed at disparity reduction.

## **Resources**

The Director's Office has a staff of ten. The budget for FY2000-2005 is as follows:

| <b>Year</b> | <b>Amount</b> |
|-------------|---------------|
| FY 2000     | \$ 634,568    |
| FY 2002     | \$ 926,568    |
| FY 2003     | \$ 930,060    |
| FY 2004     | \$ 930,060    |
| FY 2005     | \$1,254,191   |

# Nebraska

Marilyn M. McGary  
Administrator  
Office of Minority Health and Human Services  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
P. O. Box 95044  
Lincoln, NE 68509-5044  
402-471-0161  
402-471-0383 Fax  
E-mail: [marilyn.mcgary@hhss.state.ne.us](mailto:marilyn.mcgary@hhss.state.ne.us)

## Organizational Structure/History

The Nebraska Office of Minority Health (NE-OMH) was created by the Nebraska State Department of Health in 1992 as a result of minority community concerns and support and the finding/recommendations of the "1992 Nebraska Minority Health Status Report." In 1997, a major reorganization of state government called the *Nebraska Partnership* was implemented and merged Departments of Health, Aging, Public Institutions, Social Services and the Office of Juvenile Justice into three new agencies—Department of Health and Human Services, Department of Finance and Support and the Department of Regulation and Licensure. NE-OMH is under the operations of the Department of Health and Human Services and is advised by the Nebraska statewide Minority Health and Human Services Advisory Committee. The Advisory Committee is comprised of statewide racial and ethnic minority groups, consumers, providers and advocates. In 2001, LB692 created two satellite offices located in separate congressional districts, under the direction of the federal Office of Minority Health.

## Purpose/Mission Statement

*The mission of the Nebraska Office of Minority Health and Human Services is to represent and advance the health of people of color to reduce the health disparity between racial and ethnic minorities and non-minorities in Nebraska.* The following central issues guide the NE-OMH:

- Improving access to health services for racial/ethnic minorities;
- Improving data collection strategies for racial/ethnic minorities;
- Increasing racial/ethnic minority representation in the science and health professions;
- Reviewing policies and programs and their impact on the morbidity, mortality and disability rates;
- Developing a relevant and comprehensive research agenda;
- Expanding community-based health promotion and disease prevention outreach efforts;
- Promoting and advocating cultural awareness and cultural competency and increasing linguistically sensitive techniques in medical approaches; and
- Technical assistance to agencies and communities to enhance culturally appropriate services or education.

## **Program Activities**

### ***Minority Health Conference***

- Two-day conference held each October to increase the collaboration of individuals and organizations to address health disparities among racial/ ethnic minorities.

### ***Planning and Policy***

- Involves policy development and review, along with program assessment, to ensure a more positive impact on racial/ethnic minorities. The NE-OMH conducts forums across the state to collect information, review the quality of service delivery, and determine needs of racial/ethnic minority clients.

### ***Grants and Technical Assistance***

- Provides assistance to improve racial/ethnic minority health services, cultural awareness/education, and reviewing grants. The administrator also has participated in numerous grant reviews and facilitated the development and submission of several application proposals to state and federal agencies.

### ***Resource Clearinghouse/Library***

- Information is collected on a variety of health topics and is available by contacting the NE-OMH.

### ***Health Disparity Plan***

- Nebraska is developing a statewide Minority Health Plan through "Linking Partnerships in Minority Health" meetings. The plan is expected to be ready in 2004.

### ***Minority Health Status of Racial and Ethnic Minorities in Nebraska Report***

- Report on the status of racial/ethnic minority health in Nebraska is published approximately every two years.

### ***"Health Watch"***

- A newsletter was begun in April 2001 to disseminate information, affecting minority populations.

### ***Web site***

- An office Web site is located within the Nebraska Health and Human Services web page at <http://www.hhs.state.ne.us/omh/> to provide information, activities and resource links for individuals interested in improving the status of minority health.

### ***Statewide Minority Health Advisory Committee***

- The committee is comprised of up to 21 members who represent the different racial/ethnic minority groups, occupations, genders, and tribal groups from urban and rural settings and geographical regions across the state. The committee advises the NE-OMH on the current needs and issues affecting the health status of racial/ethnic minorities in Nebraska and provides input to the areas of focus for the office.

### ***Cultural Competence/Sensitivity Training***

- To addresses the health concerns of racial/ ethnic minorities more appropriately, the NE-OMH has conducted several cultural competence/ sensitivity training events, with more planned in the future.

### **Minority Health Initiatives**

- NE-OMH is responsible for the oversight and monitoring of the Minority Health Initiatives funded by LB412, providing minority health services to counties in Congressional Districts 1 and 3 having or exceeding 5 percent population of racial/ethnic minorities. There are currently 18 projects that will focus on providing services and programs that assist the state in accomplishing Healthy People 2010 goals and objectives to increase the quality and years of health life and to eliminate health disparities.

### **Resources**

The Nebraska Office of Minority Health and Human Services currently has six professional staff, two administrative support positions, one practicum student and a total of 21 advisory members. The office's approximate expenditures:

| <b>Year</b>  | <b>Amount</b> |
|--------------|---------------|
| FY 1999-2000 | \$ 92,000     |
| FY 2000-2001 | \$ 140,000    |
| FY 2001-2002 | \$2,668,839   |
| FY 2002-2003 | \$2,718,839   |
| FY 2003-2004 | \$2,718,839   |

# New Jersey

Linda J. Holmes, M.P.A.  
Executive Director  
Office of Minority Health  
New Jersey Department of Health and Senior Services  
P. O. Box 360  
Trenton, NJ 08625-0360  
609-292-6962  
609-292-8713 Fax  
E-mail: lh2@doh.state.nj.us

## Organizational Structure/History

The New Jersey Department of Health and Senior Services (NJDHSS) and the minority community became increasingly concerned about the disparities in health status between minorities and non-minorities in the mid-1980s. New Jersey initiated its response to the race/ethnic health disparities in the late 1980's when the minority community, key legislators and the Department of Health and Senior Services expressed serious concerns about the growing gap in minority health status. In May 1989, the commissioner's Advisory Committee on Minority Health was established and charged with (1) assessing the Health Profile on Minority Populations, and (2) advising the Commissioner of Health on improving the health of minority populations in New Jersey.

In September 1990, through the NJDHSS, Office of the Commissioner, the New Jersey Office of Minority Health was officially established. The governor signed into law P.L. 1991, Chapter 401, which permanently established the Office, in 1992. A departmental data subcommittee updated the "Closing the Gap: Improving Health of New Jersey's Minority Populations," which was published in the Office of Minority Health in 1992. The New Jersey Office of Minority Health (NJ-OMH) continues to be part of the Office of the Commissioner with direct reporting to the commissioner.

## Purpose/Mission Statement

*The mission of the New Jersey Office of Minority Health is to foster accessible and high quality programs and policies that help all racial and ethnic minorities in New Jersey to achieve optimal health, dignity and independence. The office works to prevent diseases and to promote and protect the well-being of racial/ethnic minorities at all stages of life. The mission is accomplished our mission through increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services.*

## Program Activities

The New Jersey Office of Minority Health continues to be involved in many of the same activities it proposed to undertake in 1990. The office also continues to build its agenda through the following activities:

### ***Asthma Outreach and Education***

- Grassroots initiative aimed at increasing access to education and services for minorities who are victims of asthma and building and strengthening viable community partnerships. Done with supported from

the federal Office of Minority Health. The "Asthma Resource Guide" is available on the NJ-OMH Web site.

#### **HIV/AIDS Project**

- Awarded the State and Territorial Minority HIV/AIDS Demonstration Grant from the federal Office of Minority Health in 1999. This three-year demonstration grant concluded in September 2002. The project purpose was to:
  - Identify needs for HIV/AIDS prevention and treatment for minority populations within the state.
  - Facilitate the linkages of minority community-based organizations (MCBOs) and faith-based organizations (FBOs) with other state and local recipients of federal or state funds to develop greater resource capacity in addressing HIV/AIDS.
  - Increase information on available resources to CBOs, MCBOs and FBOs in high need minority communities. The project activities are being conducted in three target cities: Trenton, East Orange and Atlantic City. The Trenton local health office and the NAACP Health Chair act as community liaisons and facilitate the establishment of Minority HIV/AIDS Sharing Networks in the target cities.

#### **Interfaith Health Screenings**

- Faith-based pilot program in Newark continues to emphasize health screening for the poor and homeless in inner-city neighborhoods.

#### **Health Resource Guides**

- Funds the publication of county health resource guides as a way to increased partnerships with minority community based organizations. These guides have provided a valuable health resource to the minority residents in those counties.

#### **"African American Health Resource Guide"**

- In 1998, in partnership with community-based organization, NOIR Communications, unveiled the first guide to African American physicians in Mercer County and Camden County. These were followed by the publication of an "Atlantic County Multicultural Health Guide in 1999", and an "African American Physicians Directory Resource Guide for Essex County in 2000". Currently, the Heureka Center for Disease Prevention and Health Promotion is in the process of publishing the "Burlington County Multicultural Health Guide - 2001."

#### **Minority Health Summits**

- "The Health of Minorities in New Jersey: Part One "The Black Experience." In September, 1999, the Office of Minority Health, in collaboration with a sub-committee of the NJ Office of Minority Health Advisory Committee, held a statewide summit, *The Health of Minorities in New Jersey: Part One "The Black Experience."* The summit was supported by the Robert Wood Johnson Foundation. This summit was followed in June, 2000 by "A Call to Action for Eliminating Health Disparities for Latinos in New Jersey" *The Health of Minorities in New Jersey: Part Two, The Latino Experience.* Recommendations ensuing from the two summits have been published and the NJ-OMH is devising action steps to address the recommendations. Both reports are available through the office Web site.
- **Asian American Forum on Health**  
Sponsored in August 2000, with the Asian American Pacific Island community. Forum recommendations are in the process of being published.

### **Data Collection**

- In collaboration with the Office of Minority Health Advisory Commission and the NJDHSS Center for Health Statistics, NJ-OMH continues to work on improving the collection of data on health status of minorities.

### **Cook/Rutledge Summer Fellowship**

- Designed to increase minority participation in the healthcare profession, the office awards two fellowships to graduate students in public health, medicine and law. Since the summer of 1987, the office has coordinated the selection process and supervised the comprehensive fieldwork experience for these students during their summer internships.

### **Minority Health Month**

- September of each year is designated Minority Health Month in New Jersey. The NJ-OMH invites minority community based organizations, faith based organizations, hospitals and health centers and state, county and municipal government agencies to submit events for a Minority Health Month Calendar published and disseminated by the NJ-OMH.

### **NJ Office of Minority Health Web Page**

- NJ-OMH has an established mechanism of sharing and dissemination of information via its web-site. Information disseminated includes diverse areas such as education and training, grants, conferences, awards and research. NJ-OMH is linked with state and federal minority health-related entities and included community based organization links when possible.
- The NJ-OMH Web site address is: <http://www.state.nj.us/health/commiss/omh>.

### **Available Materials**

- New Jersey Minority Health Month Calendar of Activities is published every September.
- "The Asthma Resource Guide" is available in English and Spanish and can be accessed on the OMH web site.
- Summit Recommendations Reports (also available on the Web site): "The Health of Minorities in New Jersey Part I: The Black Experience" and "The Health of Minorities in New Jersey Part II: The Latino Experience." Videos of summit proceedings are also available and ordering information is posted on the web page.

### **County Health Resource Guides**

- Mercer County and Camden County - African American Health Resource Guides
- Essex County - African American Physicians Directory Resource Guide
- Atlantic County - Multicultural Health Guide

### **Resources**

The New Jersey Office of Minority Health is currently staffed by an executive director, four professionals and two support staff. The budget of \$750,000 is supported by both state funds and federal Prevention Block Grant monies. The office's approximate expenditures for FY 1998 - 2001 were:

| Year    | Total     |
|---------|-----------|
| FY 1998 | \$650,000 |
| FY 1999 | \$650,000 |
| FY 2000 | \$650,000 |
| FY 2001 | \$750,000 |

# New York

Wilma E. Waite  
Director  
Office of Minority Health  
New York State Department of Health  
Corning Tower Building, Room 780  
Empire State Plaza  
New York, NY 12237-0092  
518-474-2180  
518-474-4695 Fax  
E-mail: [wew01@health.state.ny.us](mailto:wew01@health.state.ny.us)

## Organizational Structure/History

New York State Public Health Law, Section 240 established the state Office of Minority Health in 1992. In 1994, the New York Office of Minority Health (NY-OMH) became operational.

## Purpose/Mission Statement

*The mission of the New York Office of Minority Health is to improve the health of racial and ethnic minorities by bridging communication, delivery, and service requirements, and by providing customized services and practical approaches to problems and issues encountered by organizations and communities working to address the needs of these populations. NY-OMH accomplishes this mission by:*

- Liaising and advocating for the department on minority health matters;
- Assisting medical schools and state agencies to develop comprehensive minority health programs to improve minority health personnel;
- Leveraging additional funding for minority health;
- Promoting community strategic planning and
- Reviewing the impact of programs, regulations, and health care reimbursement policies on minority health services delivery and access.

## Program Activities: State Fiscal Year 2003

### ***Community Partnerships Program***

- The centerpiece of NY-OMH's grant-making agenda, this program was launched in 2000 and funded at \$848,000 annually. The purpose of this multi-year initiative is to mobilize community resources and action around the goal of eliminating health disparities by designing, implementing and evaluating programs and interventions that are: coalition-driven, asset-based, and neighborhood-specific. Sixteen community partnerships across the state focused on access to care, heart disease, diabetes, HIV/AIDS and oral health. They targeted poor and underserved communities with an emphasis on African Americans, Hispanics, Asian Americans, Native Americans and immigrants. The unique blend of community partnerships, diverse community assets and neighborhood-specific interventions that underlies this initiative garnered outcomes over a three year period (2000 – 2003) that included the coalitions'

leveraging of an additional \$2 million in grant funding; reaching over 60,000 community residents with prevention messages; training over 300 health care providers in culturally responsive strategies, and 30 peer educators to deliver health management messages; engaging 400 community organizations in the process; and, adopting 3 community-wide policy changes.

#### **2003 ASTHO Vision Award**

- Awarded to NY-OMH for this innovative state-community partnership initiative that addresses the elimination of health disparities.

#### ***Minority Community-Based Organizations' Monthly Conference Call Program***

- Spawned by the community partnership program, the NY-OMH convenes monthly calls to facilitate peer-to-peer support, provide opportunities for community based organizations to learn about ongoing research on topics germane to minority health, and to hear presentations on emergent public health issues. In 2003, seven conference calls with over 30 community-based organizations across the state were held.

#### ***Mini Grant Program***

- Each year, NY-OMH issues a mini grant application soliciting responses from community organizations to implement short-term (up to one year) projects focusing on health disparities in minority communities. This program is proving successful in attracting a wide-variety of organizations, many of which are applying for Department of Health funding for the first time. In 2003, over 60 applicants responded to a solicitation for 4 awards. Leveraging other departmental funds, NY-OMH was able to expand this number and fund 18 projects.

#### ***Workshop and Training Program***

- Responding to training needs identified by minority community based organizations, NY-OMH launched its workshop and training program in 2003. To date, workshops have been held in Brooklyn, Buffalo, the lower Hudson Valley and the Capital District. Over 142 individuals, representing a broad spectrum of 124 community-based organizations, attended and participated in these workshops. Current workshop topics are grant writing, program evaluation and cross-cultural communication.
- The office convened, and provided staff support to two meetings of the Minority Health Council and four meetings of its workgroups. The Minority Health Council was established by the New York State Public Health Law to advise the Commissioner of Health on issues pertaining to minority health in New York state.

### **Future Direction**

- Fund a new cohort of Minority Health Community Partnerships.
- Pursue collaborative grant-writing opportunities with a select number of community partners that is aimed at building evaluation capacity at the coalition and community levels thereby contributing to sustainable community assets.
- Develop and distribute the "Minority Health Report."
- Fund a cohort of mini-grant applicants to focus on culturally relevant interventions for addressing obesity and physical inactivity; distribute lessons learned from this initiative.
- Expand Workshop and Training Program.

- Continue to seek opportunities to disseminate knowledge and lessons learned from partnership initiatives.
- Continue to partner with other organizations (e.g., Area Health Education Centers, the Intercultural Cancer Council, New York State Council on Graduate Medical Education) on behalf of minority health.

## Resources

The New York Office of Minority Health is currently staffed with five full time equivalents—a director, regional manager, grants administrator, program aide and a secretary.

| Year    | State     | Federal   | Private Funding | Total       |
|---------|-----------|-----------|-----------------|-------------|
| FY 2001 | \$938,000 | \$150,000 | \$0             | \$1,088,000 |
| FY 2002 | \$938,000 | \$150,000 | \$0             | \$1,088,000 |
| FY 2003 | \$938,000 | \$150,000 | \$0             | \$1,088,000 |
| FY 2004 | \$923,000 | \$0       | \$0             | \$ 923,000  |

# North Carolina

Barbara Pullen-Smith, M.P.H.  
Executive Director  
North Carolina Department of Health and Human Services  
Office of Minority Health and Health Disparities  
1906 Mail Service Center  
Raleigh, NC 27699-1906  
919-431-1613  
919-850-2758 Fax

## Organizational Structure/History

### *Inceptional History*

The original impetus for creating an Office of Minority Health (OMH) came from a 1987 report, prepared by the state Center for Health Statistics, that highlighted the disproportionate morbidity and mortality experienced by minority populations. In response to this report, the state health director established a minority health work group and charged it with making recommendations on ways the public health system could better meet minority health needs. The work group's final report to the state health director included six recommendations for increasing the department's capacity to address minority health issues. One of these six recommendations called for the establishment of an Office of Minority Health to provide state-level and statewide coordination and collaboration of information, resources, and services on an on-going basis.

In response to this report, the 1992 North Carolina General Assembly established the Office of Minority Health, and the Minority Health Advisory Council (MHAC) via public law H.B. 1340, part 24, sections 165 and 166. The task of OMH is to systematically address the health status gap between Whites and minority populations in the state. The primary task of the Minority Health Advisory Council (MHAC) is to advise the governor and the secretary of the Department of Health and Human Services on minority health issues. This fifteen-member council consists of state legislators, community leaders, and health/human service professionals. The Office of Minority Health serves as staff to the council, with the executive director of the office functioning as chief consultant. Together, with the Minority Health Advisory Council, OMHHD advocates for policies and programs that increase racial and ethnic minorities' access to health and human health services.

### *Transitional Organizational Structure*

From 1992-1997, the NC-OMH was located in the Department of Environment, Health and Natural Resources (DEHNR), and reported administratively to the state health director. However, as a result of legislation from the 1997 session of the North Carolina General Assembly, the health functions within DEHNR were merged with the former Department of Human Resources (DHR) to create the Department of Health and Human Services (DHHS). Under this structure, three public health divisions were established: the Division of Community Health, the Division of Epidemiology, and the Division of Women's and Children's Health. The Office of Minority Health became one of six sections in the Division of Community Health, with OMH's executive director reporting to the division director. As a part of this reorganization process, Project DIRECT (Diabetes Intervention Reaching and Educating Communities Together) and the Migrant Farmworker and Refugee Health Program(s) were added to the Office of Minority Health.

In January 1999, the Divisions of Community Health, Epidemiology, and Women's and Children's Health were merged into one Division of Public Health within DHHS. As a result of this reorganization process, oversight for Project DIRECT and the Migrant Farmworker and Refugee Health Program(s) were provided by the Health Promotion and Disease Prevention Section, with OMH's executive director reporting to the director of the Division of Public Health. The new Division of Public Health was created to address public health concerns in a more coordinated and effective manner for North Carolina.

### **Current Organizational Structure**

In January 2001, Gov. Michael F. Easley appointed Carmen Hooker Odom, secretary of the North Carolina Department of Health and Human Services (NCDHHS). Secretary Hooker Odom identified eliminating health disparities as one of four major initiatives for the department. (Early intervention for at-risk children, long-term care, and the reorganization of mental health system were the other three key initiatives.) In order to reflect its pivotal role in the department's comprehensive plan to strategically and systematically address health disparities, the name of the office was changed to Office of Minority Health and Health Disparities, expanding its scope to include other health/human service concerns, including public health. The office is now positioned as one of six divisions that falls under the purview of the assistant secretary for Health, but continues to receive administrative support (e.g. personnel, budget, contracts, travel, purchasing, etc.) from the Division of Public Health. The assistant secretary for Health also has responsibility for the following divisions/offices: 1) Division of Developmental Disabilities/Mental Health/Substance Abuse Services; 2) Division of Facility Services; 3) Division of Medical Assistance; 4) Division of Public Health; and 5) Office of Research Demonstration and Rural Development. (Note: The Assistant Secretary for Health, the state health director, and the division director for Public Health are now three separate positions.)

OMHHD collaborates with state and federal agencies, local health departments, community-based organizations, colleges/universities, and other public/private health organizations. Services provided include partnership development, training, consultation, technical assistance, and information dissemination.

### **Purpose/Mission Statement**

The mission of North Carolina Office of Minority Health and Health Disparities (OMHHD), along with the Minority Health Advisory Council revised its mission in 2003. The new mission is *"To promote and advocate for the elimination of health disparities of all racial and ethnic minorities and other underserved populations in North Carolina."*

### **Program Focus/Activities**

In North Carolina, minority and underserved populations suffer a disproportionate burden of poor health and limited health care services than the majority population. With this in mind, the North Carolina Department of Health and Human Services has embraced the national Healthy People 2010 agenda to eliminate health disparities by the year 2010.

Subsequently, the nature/scope of the work of the office and the council will continue to support national and state efforts to eliminate health disparities. The OMHHD works to increase the capacity of state level administrators and policy makers and agency and program leaders at all levels of government and the service delivery levels to identify, support, evaluate, and replicate community based strategies that are effective in addressing health disparities. Strategic objectives of the OMHHD approach include:

- Encouraging innovative strategies and projects that address local disparities;
- Sustaining and increasing access to resources for promising local and regional programs;

- Facilitating community-based planning and evaluation;
- Providing technical and consultative assistance to local programs on administrative, program and services delivery functions;
- Training and technical assistance on culture and language; and
- Data and evaluation services.

## **Health Planning and Policy Development**

Legislation/Policy. The Minority Health Advisory Council (MHAC) has been very deliberate in building its capacity to achieve a proactive legislative agenda, and advocate for racial/ethnic and underserved populations in the state. It operates out of a comprehensive framework of eliminating health disparities, by seeking legislative funding each year.

HIV/AIDS continues to be a priority for the council. The council has developed a strong collaborative partnership with the North Carolina AIDS Advisory Council (NCAAC). Together, MHAC and the NCAAC develop and advocate for a comprehensive HIV/AIDS legislative agenda that includes the following requests: 1) funding for comprehensive HIV/AIDS prevention programs on the local level that build the capacity of local health departments and minority community-based organizations to implement HIV/AIDS prevention, education and case management activities, including the implementation of clean syringe program(s) (CSEs); 2) recognition of HIV/AIDS as a major public health crisis; and 3) a request that the eligibility limits for the AIDS Drug Assistance Program (ADAP) be increased.

MHAC's legislative agenda also includes a request for funding of an Interpreter Services Initiative that will assure the availability of quality interpreter services in North Carolina's county health departments with medium, high and very-high density Hispanic/Latino populations.

A request for funding for diabetes, asthma and Healthy Carolinians Task Forces are other items included in the MHAC's efforts to make fiscal resources available to address health disparities.

Advocacy training for MHAC members has also been a key strategy in the Council's efforts to move its legislative agenda.

## **Training and Technical Assistance**

### ***Cultural Diversity Training Initiative***

- Created in 1994, the Cultural Diversity Training Initiative (CDTI) was developed to improve minority access to health care by building and supporting the cultural competency of the public health system. The initiative's ultimate goal is to increase the availability of culturally-based and linguistically-appropriate public health programs and services for North Carolina's increasingly diverse population. Culturally based services are needed to reach people, to understand problems, to develop trust, and finally to communicate recommendations. The factors mentioned above are required to improve the health status of the clients with language and/or cultural barriers.
- CDTI has trained at least 5,000 individuals from local health departments and public health agencies as well as hundreds of individuals from private, non-profit agencies and universities. More than one half of the 87 health departments have received cultural diversity training from OMHHD. Approximately, 20 health departments and programs in the department received technical assistance and consultation regarding Hispanic and cultural competence issues every year. Also, an average of 20 non-health department agencies receive the same assistance.

The CDTI is divided into four primary components:

#### **Train-the-Trainer**

- Between 1995 and 1999, an initial cadre of 20 volunteer health and human service professionals

were recruited and trained as volunteers for the “Basic Foundational” Cultural Diversity Training (CDT) and the “Nosotros” Hispanic/Latino Culture training. The education and skills received in the Train-the-Trainer component prepared the individuals to function as CDT facilitators.

#### **The “Basic Foundational” Training**

- OMHHD’s CDT facilitators provide cultural diversity training to local health departments and other health/human service agencies upon request. Health and human service agencies participating in the CDTI for the first time receive a one to one and on-half day training on-site at the requesting agency. The “Basic Foundational” training emphasizes awareness, knowledge, and skill development, and is grounded in adult education principles.

#### **Culture-Specific Training**

- **“Nosotros: Latino Culture and Public Health”**

Requests from local health departments interested in servicing the Hispanic/Latino population initiated the development of the culture-specific component. The “Nosotros” training strives to provide comprehensive information in the Hispanic/Latino community in North Carolina in order to assist health and human service agencies in providing culturally based, and linguistically appropriate services. This one-day training covers the demographics, health status, cultural values, and beliefs of the Hispanic/Latino population. This curriculum also includes information in language and interpretation, substance abuse, domestic violence, and other available resources. The Basic Foundational” training is a prerequisite to the implementation of the “Nosotros” training.

- **African American**

Curriculum is the second culture-specific component of the CDTI and provides information on the health status and culture of the African American population. Also highlights key public policies that have had an impact on the health status of African Americans and promotes a discussion on the relationship of health status, culture, and systemic policies for understanding health disparities

#### **Technical Assistance/Consultation**

- This component has become the priority for OMHHD’s Cultural Diversity Training Initiative. The OMHHD is committed to building and supporting the capacity of local health departments as they build their internal capacity to meet the needs of their diverse clients. The prerequisites for this level of training include the implementation of the “Basic Foundational” and the “Nosotros” training. Three local health departments received cultural competence assistance from 2002 to 2003 and are currently receiving resources and consultation on Hispanic/Latino issues.
- This initiative functions to eliminate health disparities by reducing culture and language as barriers to local health and human service delivery, thereby increasing access to services for minority populations, particularly the Hispanic/Latino population.
- Language—The Hispanic/Latino population continues to be the fastest growing racial/ethnic population in the state. According to the United States Census, this population in North Carolina is estimated to constitute 387,963 individuals or 4.7 percent of the state’s population. This estimate indicates a population growth of 400 percent between 1990 and 2000. This level of growth places great demand on state and local health and human agencies to provide culturally based and linguistically appropriate services. The recruitment and hiring of bilingual staff is a primary strategy in addressing this issue; however, interpreters and translators are also key resources needed in accomplishing this task.

### **Interpreter Services Training Initiative**

- Recognizing that communication barriers influence access to health and human services, the Office of Minority Health and Health Disparities continues its commitment to make language services available through the development of key partnerships and the implementation of its Interpreter Services Training Initiative. In 1998, OMHHD received a 3-year grant from The Duke Endowment Immigrant Initiative via a partnership with the NC Area Health Education Center (AHEC), North Carolina Primary Health Care Association, the Migrant and Rural Health Program and DHHS-Office of Citizen Services to expand and support its interpreter training initiative. In 2001, funding was extended two additional years.
- This initiative provides training for interpreters working in health and social service agencies in conjunction with AHEC's across the state. Interpreters participating in this training initiative have access to three levels of training—Level I, Level II and Level III. A Provider Training is also available for medical/clinical staff.
- Participants must have a demonstrated capacity in English and Spanish, and must currently be providing interpreter services in a health or human services setting. To date, 75 training sessions have been implemented across the state and approximately 1,125 individuals have been trained through this initiative.

### **Hispanic Health Task Force**

- The Office of Minority Health and Health Disparities continues to convene monthly meetings with the Hispanic Health Task Force (HHTF) and works collaboratively with this group to address health and human services needs of the Hispanic/Latino population in North Carolina. Organized in 1995, HHTF identifies barriers to public health services and makes recommendations for addressing those barriers. The HHTF identified key priorities such as: the need for Spanish language services for the growing Hispanic population, culturally appropriate programs/services, eligibility criteria for DHHS services, outreach efforts and the need to recruit and hire bilingual/bicultural staff in all levels of the agency.
- The Hispanic Health Task force is made up of 28 Hispanic/Latino leaders from the public and private sectors. Currently, the Hispanic Health Task Force is dedicated to implement six recommendations at the DHHS level. The Hispanic Health Task Force strongly believes in the implementation of these recommendations in order to offer effective services to the Hispanic/Latino population. The Hispanic Health Taskforce has developed clear workable action plans to implement the changes that need to take place in order to improve the health of the Hispanic/Latino population in North Carolina.

The following are the working teams for each recommendation.

#### **1. Title VI, which includes all the recommendations dealing with title VI and its compliance:**

- The NC Department of Health and Human Services develop a model training curriculum that can be shared with local agencies, and if appropriate, private providers, to inform staff about Title VI policies and how to make services more accessible.
- The NC DHHS establish a standardized OCR compliance reporting system for use by state and local programs and agencies; and ensure that local agencies coordinate their Title VI compliance activities with that of the Department. The local monitoring will include a standardized consumer/client assessment instrument to assess the extent to which the programs and services are linguistically accessible. In addition, NC DHHS should conduct periodic site visits to determine the extent of Title VI compliance by local agencies.

- The NC DHHS require each state or local agency or Division within NC DHHS to notify the NC DHHS Office of General Counsel every time a complaint is filed, so that the Department can maintain a database of complaints to determine if there is a pattern of the types of complaints raised, and if any additional action is needed at the state level to address these issues. This should also include language accessibility issues raised with the Office of Citizen Affairs.

## **2. Funds for the Office of Minority Health and Health Disparities**

- The NC General Assembly appropriate additional funds to the Office of Minority Health and Health Disparities (OMHHD) to expand the capacity of OMHHD to focus on Latino Health issues. Specifically, the OMHHD should expand its technical assistance, communicate with communities about US DHHS funding opportunities, provide cultural diversity and interpreter training to local agencies, non-profits and community groups, and conduct research into the major health issues facing Latinos.

## **3. Bilingual Providers/ Interpreters**

- The Department of Health and Human Services help local communities in their efforts to recruit and retain bilingual providers and to hire and train interpreters. The Department will take responsibility for identifying possible grant sources for these efforts, and will assist local communities in seeking these funds. In addition, the Department should develop systems to maximize federal funds to reimburse providers and agencies for interpreter services. The NC General Assembly should appropriate funding to the Department of Health and Human Services to assist in recruiting bilingual health professionals and pay for interpreter services.
- The Governor's Office and NC Department of Health and Human Services create a Task Force, including the health licensure and certification boards, to explore the issues around certification, credentialing and licensing of foreign graduates in order to enhance the recruitment of bilingual bicultural health care and human services providers.

## **4. Health Insurance**

- The NC Division of Medical Assistance explore methods to improve migrant families' access to Medicaid and NC Health Choice. For example, the Division should explore the possibility of entering into an interstate compact to recognize the Medicaid eligibility of migrants who have been determined eligible in their home state, when working in North Carolina; develop alternative methods of counting farmwork income to more closely reflect the farmworkers' annual income; and explore the possibility of obtaining a waiver to implement presumptive Medicaid and NC Health Choice eligibility for migrant children.
- The North Carolina General Assembly establish a health care program that would address the health care needs of uninsured low-income Latinos who would otherwise qualify for public insurance, but who cannot because there are federal immigration restrictions. Priority should be given to: coverage of children; prenatal care; health problems, conditions or diseases that are significant problems for Latino populations, as determined by the state public health director.

## **5. Workers Compensation and Injury at the Work Place**

- The NC General Assembly extend workers' compensation to agricultural workers if they work for an employer who employs three or more full time workers at least 13 weeks in a year. A full time worker is defined as working at least 30 hours/week.
- It is well known that the highest rates of death among the Hispanic/Latino population are caused by accidents at the workplace and chronic diseases. The Hispanic Task Force recognizes the need to organize, develop and implement a plan dedicated to prevent and lower the rate of accidents at the work place.

## **6. Strengthen Lay Health Advisor Programs**

- The NC Department of Health and Human Services (DHHS) take the lead in convening a group of organizations who have developed and implemented lay health advisor programs, including but not limited to the NC Primary Health Care Association, Cooperative Extension Services, Department of Health Behavior and Health Education within the UNC School of Public Health. This group will help coordinate and strengthen lay health advisor programs, including developing training for lay health advisors and providing technical assistance to other organizations seeking to implement similar programs. The group should help identify possible funding sources from North Carolina and national philanthropies, with a priority given to communities and counties with large concentrations of Latino residents.

## **7. Chronic diseases**

- The Hispanic Task Force recognizes the need to organize, develop and implement a plan dedicated to bring awareness of chronic diseases in the Hispanic/Latino population in NC.
- The Hispanic Health Task Force is the pioneer group that will influence, offer technical assistance and guidance to DHHS administrators and programs that are currently offering services to other populations, but are not serving the Hispanic population effectively.

## **Health Initiatives/Programs/Services**

The need for infrastructure development and capacity-building within community-based organizations (CBOs) and within state agencies is critical to eliminating health disparities. A few of the key infrastructure and capacity-building initiatives implemented and/or coordinated by OMHHD are listed below:

### ***HIV/AIDS Demonstration Grant Program***

- The North Carolina Office of Minority Health and Health Disparities Community-Based Organization Initiative on HIV/AIDS is designed to enhance the capacity of OMHHD to facilitate, support and strengthen the capacity of an African-American community-based coalition to address HIV/AIDS prevention/service delivery issues. The over all goals of the initiative are to: 1) identify and assess gaps in the minority community-based organizations' HIV/AIDS service delivery; 2) enhance the capability of minority community-based organizations (MCBOs) to focus on HIV/AIDS prevention issues; and 3) enhance OMHHD's capability to serve as a clearinghouse for information about federal resources. The MCBOs provide HIV/AIDS prevention and care services in a 34-county area across North Carolina.
- Key approaches utilized to accomplish project goals include: 1) determining the capacity of and usefulness of existing state and county-level data systems to monitor, track and evaluate the effectiveness of HIV/AIDS services to minority populations; 2) conducting a needs assessment utilizing available data and focus groups; 3) identifying barriers in obtaining data; 4) conducting an inventory of sources for federal technical assistance; and 5) developing the leadership capacity of minority-community-based organizations (MCBOs) to advocate, communicate and evaluate the needs of minority communities. A three-year grant (\$150,000.00/year) from the federal Office of Minority Health funds this initiative.

### ***The Community Based Diabetes Initiative in Robeson County, NC***

- This faith-based project was funded through the federal Office of Minority Health to address the burden of diabetes and to reduce the incidence and complications of type 2 diabetes among the American Indian and African American communities in Robeson County. The Robeson County Health Department, with support from the North Carolina Office of Minority Health and Health Disparities, and the NC Division of Public Health's Diabetes Control Program worked to implement a community based faith-initiative focused on enhancing education, prevention and access to care.

- Enhanced screening and educational activities were conducted in a total of nine churches—four African American and five American Indian. There was a diabetes screening and four workshop sessions conducted once a week for four weeks at each church. Project staff included health educators, nutritionists and cardiovascular/heart disease coordinators from the local health department, a home economist from the NC Cooperative Extension Services, a podiatry assistant from a private local podiatry office and a faculty member from the University of North Carolina at Pembroke who was subcontracted to conduct program evaluation and to prepare a public health position paper on “Diabetes in Robeson County.”

***North Carolina Health and Wellness Trust Fund Commission’s Priority Population Teens Tobacco Use Prevention Initiative***

- The Office of Minority Health and Health Disparities has entered into an agreement with the NC Health and Wellness Trust Fund Commission to provide technical assistance and program development guidance to four statewide organizations that the Commission funded to implement minority community focused teen tobacco use prevention program’s and services. The four priority populations grantees are the General Baptist State Convention’s Center for Health and Healing, El Pueblo, the North Carolina Commission of Indian Affairs, and the Old North State Medical Society.

***Bristol-Myers Squibb Company/Old North State Medical Society Diabetes Care Management Collaborative***

- The Office of Minority Health and Health Disparities is a partner in a new initiative funded by the Bristol-Myers Squibb Company to implement state of the art diabetes care management service to Medicaid beneficiaries and others in three community sites in North Carolina. The Office will provide overall project coordination and will serve as liaison among the stakeholders in the public-private partnership, including management of an advisory committee and contractual arrangements.

***The North Carolina Commission on Volunteerism and Community Service Americorps Planning Grant***

- The Office of Minority Health and Health Disparities has received a small planning grant from the North Carolina Commission on Volunteerism and Community Service. The planning grant will provide the office with support to plan an Americorps program for the state’s public health system and prepare a full grant application for Americorps funding under the commission’s next funding cycle in February 2004.

***The North Carolina Office of the Attorney General Pharmaceutical Company Settlement***

- The Office of Minority Health and Health Disparities will receive part of the proceeds from the settlement of a major lawsuit by the NC Attorney General. Under the settlement, the office must use the funds for health and nutrition services.

***NC DHHS Eliminating Health Disparities Statewide Initiative***

In January 17, 2003, the North Carolina Office of Minority Health released the first statewide Racial and Ethnic Disparities Report Card and an Action Plan for eliminating health disparities for the North Carolina Department of Health and Human Services.

***The Racial and Ethnic Health Disparities Report Card***

- This 2003 collaborative effort between the office and the state Center for Health Statistics includes 37 key indicators in the following seven areas: social and economic well being, maternal and infant health, adult health, communicable diseases, violence and injuries, child and adolescent health, and risk behaviors and health promotion.

- The report card is intended to be a monitoring tool for the state's progress towards the elimination of racial and ethnic disparities. It establishes a baseline for measuring our progress towards the Healthy People 2010 goal of eliminating health disparities, measures the health racial and ethnic disparities gap instead of focusing only on the trends, and acts as a tool for informing communities, researchers and policy makers in the state about racial and ethnic disparities.
- The report card has been disseminated and presented to a wide audience including community organizations, researchers, educators/program planners and policy makers in the state and also in other states. An overview of the report card and challenges of using a state level report card to monitor health disparities were recently presented at the 2003 American Public Health Association Annual Conference in San Francisco by the authors of the report card.

### ***Eliminating Health Disparities Action Plan***

- In addition, the office in collaboration with the department's Eliminating Health Disparities (EHD) team have worked to increase awareness and programmatic efforts to address minority health issues and related health disparities. To this end, the office provided leadership in the development of the state's first Eliminating Health Disparities Action Plan for the Department of Health and Human Services. This action plan contains 9 key recommendations developed after a series of community forums and focus group meetings across the state. The 9 recommendations include:

- Increase awareness of health and service disparities, especially disparities related to race/ethnic, disability and socioeconomic status;
- Communicate, document, and champion best-practices in eliminating health disparities;
- Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status;
- Monitor progress towards the elimination of health disparities;
- Promote customer friendly services that meet the needs of under served populations (i.e., low-income and minority groups);
- Increase resources/ investments to eliminate health status gaps;
- Build, support and fully utilize a diverse workforce capable of working in cross- cultural settings;
- Identify and advocate for public policies that aid in closing the health status gap and
- Demonstrate accountability and ownership for health outcomes.

Each division and office in the department submitted action steps specific to their programmatic work on each of these 9 recommendations and are currently in the process of reporting their progress on these recommendations. Both the report card and action plan are available on the North Carolina Office of Minority Health Web site <http://www.ncminorityhealth.org>

OMHHD continues its efforts to improve both the availability and quality of data that exist on minority populations in the state. The office generates and disseminates information regarding minority health status issues and concerns, minority-focused programs and services, available grants and other resources, legislation, and program policies impacting the health and well being of minority communities. Policy-makers, public health administrators, community leaders, and other interested individuals receive such information via a variety of methods including presentations, reports, articles, media interviews, public forums, and mass mailings. In addition to the "Racial and Ethnic Health Disparities Report Card" described above, the office has collaborated with the North Carolina State Center for Health Statistics on a number of data improvement activities and publications. The office is currently in the process of updating several of our previous publications including the detailed report on "Racial and Ethnic Differences In Health in North Carolina" and several fact sheets on African Americans, American Indian and Hispanics health status.

## Selected Available Publications

- "Racial and ethnic Health Disparities Report Card, 2004 Update." May 2004\*
- "Racial and ethnic Health Disparities Report Card, 2003." January 2003\*
- "From Disparity to Parity in Health": Eliminating Health Disparities Call to Action." January 2003\*
- "Racial and Ethnic Differences in Health in North Carolina." OMH report no. 23; November 2000.\*
- "North Carolina Minority Health Facts: American Indians." OMH report no. 22; Aug 1999.\*
- "North Carolina Minority Health Facts: Hispanic/Latino." OMH report no. 21; September 1999.\*
- "Latina Reproductive Health in North Carolina: Demographics, Health Status and Programs." OMH report no. 20; August 1999.
- "African Americans in North Carolina: State and Local Public Health Strategies." OMH report no.19; September 1999.
- "Evaluation of On-Site CULTURAL DIVERSITY TRAINING for North Carolina Public Health." OMH report no. 18; November 1998.
- "Evaluation of Regional CULTURAL DIVERSITY TRAINING for North Carolina Public Health." OMH report no.17; November, 1998.
- "Fifteen Action Steps to a Healthier North Carolina: Recommendations from the 1997 Governors Conference on Minority Health." OMH report no.16; July, 1998.
- "North Carolina Minority Health Agenda for Action 1998." OMH report no. 15; July, 1998.
- "North Carolina Minority Health Facts: African American Fact Sheet." Office of Minority Health and State Center for Health Statistics; OMH report no.14; July, 1998.
- "Interim Assessment of CULTURAL DIVERSITY TRAINING for North Carolina Public Health. "OMH and Training Research and Development, Inc.; OMH report no. 13; February, 1997.
- "Executive Summary of "An Assessment of the Climate for Cultural Diversity in North Carolina Public Health." OMH and Training Research and Development, Inc.; September 1995.
- "An Assessment of the Climate for Cultural Diversity in North Carolina Public Health." OMH and Training Research and Development, Inc.; September 1995.
- "Health Care Reform: What Minorities Need to Close the Health Status Gap." Minority members of the advisory committees to the NC Health Planning Commission; April 1995.
- "Question: What is Different About Public Health in North Carolina Due to the Work of the Office of Minority Health and the Minority Health Advisory Council?" OMH; May,1995.
- "Guidelines for Interpreter Services in Public Health Agencies." OMH; April 1995.
- "Changes in the NC Hispanic/Latino Population, 1990-1994—with Implications for Public Health." OMH report no. 11; August 1995.
- "Interpreter Services for Hispanic/Latino Clients: Report and Recommendations." OMH report no. 10; September 1994.
- "Regional Public Hearings on Minority Health, 1993." OMH report no. 9; May 1994.
- "Preparing Minority Students for Health Careers in the 21st Century. Preliminary report." OMH report No. 8; April 1994.

- Highlighted Programs and Services for the African-American Community." D.B. Rosser. OMH report no. 6; January 1994.
- "An Assessment of Health Service Needs for the Native American Community in North Carolina." OMH report no. 5; January 1994.
- "An Assessment of Health Service Needs for the African-American Community in North Carolina." OMH report no. 4; January 1994.
- "An Assessment of Health Service Needs for the Hispanic/Latino Community in North Carolina." OMH report no. 3; October 1993.
- "Innovative Services to Improve the Health of the Hispanic/Latino Community in North Carolina." OMH report no. 2; August 1993.
- "Health-Related Resources for the Hispanic/Latino Community in North Carolina." OMH report no. 1; August 1993.
- "North Carolina's Minorities: Who and Where." State Center for Health and Environmental Statistics. (commissioned by the Minority Health Advisory Council). CHES Study no. 72; April 1993.

\*Documents available on the OMHHD Web site <http://www.ncminorityhealth.org>

## Resources

The North Carolina Office of Minority Health and Health Disparities is primarily supported by funding from the Preventive Health and Health Services Block Grant (PHHSBG), state appropriations, and grants. Funds from these sources support nine full time positions and 4 temporary positions—director, three public health program consultants, public health physician, human services evaluator/planner, computer consultant, research associate, office manager, office assistant, training coordinator, program coordinator and program assistant).

The development of key partnerships has contributed significantly to the resources of the office in our efforts to eliminate health disparities: e.g. The Duke Endowment/NC Area Health Education Center, Federal Office of Minority Health, Health and Wellness Trust Fund, and the NC DHHS/Division of Public Health's Breast and Cervical Cancer Control Program.

North Carolina Office of Minority Health and Health Disparities office expenditures for FY 2000-2004 were:

| Year      | State     | Federal   | Private   | Total       |
|-----------|-----------|-----------|-----------|-------------|
| SFY 00-01 | \$443,481 | \$344,000 | \$ 61,722 | \$1,636,684 |
| SFY 01-02 | \$443,481 | \$589,852 | \$ 61,722 | \$1,095,055 |
| SFY 02-03 | \$211,932 | \$397,661 | \$151,722 | \$ 761,315  |
| SFY 03-04 | \$444,793 | \$342,661 | \$165,000 | \$ 952,454  |

# Ohio

Cheryl A. Boyce, M.S.  
Executive Director  
Ohio Commission on Minority Health  
Vern Riffe Center for Government and the Performing Arts  
77 South High St., Suite 745  
Columbus, OH 43215  
614-466-4000  
614-752-9049 Fax  
E-mail: Cheryl.Boyce@ocmh.state.oh.us  
Web site: <http://www.mih.ohio.gov>

## **Organizational Structure/History**

On December 17, 1985, Executive Order 85-69 was signed, creating the Governor's Task Force on Black and Minority Health. The Task Force was created to:

- Examine conditions under which gaps in the health and health care services for black and minority communities exist and recommend methods by which the gaps may be closed;
- Design methods for disseminating health information and education materials especially designed for the minority community;
- Develop models to improve access and utilization of public health services; and
- Develop strategies to improve the availability and accessibility of health professionals to minority communities.

The work of the Task Force included deliberations at eight (8) public hearings conducted in communities statewide. These hearings attracted more than 2,000 people who identified problems and proposed solutions relative to health issues and systems in the State. The hearings constituted the basis of the Final Report issued by the Task Force on April 4, 1987. The final recommendation was for the creation of an autonomous state agency to address issues of minority health. In July 1987, Am. Sub. H.B. 171 established the Ohio Commission on Minority Health.

The work of the commission is operationalized by a full time staff of 10 that serves at the pleasure of the Board. The eighteen (18) member board consists of: two members of the Ohio of Representatives (one from each party) appointed by the Speaker of the House; two members of the Senate (one from each party) appointed by the president of the Senate; the directors of the Ohio Departments of Health, Human Services, Mental Health, Mental Retardation and Developmental Disabilities, and the superintendent of Public Instruction; and nine community members appointed by the governor to serve two-year terms.

The Ohio Commission on Minority Health is structured as an autonomous organization because factors contributing to the disparity in health status crosscut all departments of the state.

## Purpose/Mission Statement

The Ohio Commission on Minority Health is dedicated to eliminating disparities in minority health through innovative strategies and financial opportunities, public health promotion, legislative action, policy and systems change. The commission has established guiding principles to govern its work:

*We involve and empower the community.*

*We work is based on the documented needs and interests of the community.*

*We are culturally competent practitioners who are informed about minority health.*

*We are expected to demonstrate personal and professional integrity; we prove to be accountable, reliable and guided by ethical standards.*

*We make fair and equitable decisions.*

*We value the formation of strategic partnerships.*

*We establish performance targets and assess performance regularly.*

*We promote excellence and innovation.*

## Program Activities

### ***Internal Grants Program***

- The commission makes available approximately \$3.8 million dollars per biennium to award grants to community based entities. Applications which are considered non traditional by "the system" addressing the need(s) of specific minority citizens are given high priority. It is the goal of these grants to demonstrate successful behavior changes for those served by the project. Successful program models are then institutionalized with funding from other public and/or private sources. The commission funds three types of grants from the state's General Revenue Fund: Demonstration Projects, Minority Health Month and Systemic Lupus Erythematosus (SLE).
  - **Demonstration Grants**  
Created in 1987, projects are funded for up \$200,000 per agency for 24 months. These projects focus on health promotion and disease prevention activities related to cardiovascular disease, cancer, diabetes, infant mortality, substance abuse and/or violence.
  - **Minority Health Month**  
Created in 1989, Minority Health Month (MHM) is a 30-day wellness campaign conducted statewide in April of each year. Funded through mini-grants of \$2,000 per agency the month has grown from 87 activities in 1989 to hundreds of events in 2001. Any city with more than 3 agencies funded for the month may apply for additional funds to conduct local kickoff activities.
  - **Systemic Lupus Erythematosus (SLE) Grant Program**  
Transferred to the commission by the General Assembly in 1995, these grants provide information, education and support services to all Ohioans without regard to socioeconomic status. Grants are funded for up to \$14,000 per agency. Lupus Awareness Month is celebrated statewide in October of each year and a statewide capacity building conference is held each biennium.
  - **Tobacco Settlement**  
A fourth grant program is funded through the Health Priorities Trust Fund of the tobacco settlement. Governor Taft appointed a task force to recommend the distribution of \$10.1 billion dollars over 25 years (Ohio's share of the tobacco settlement). Three of the seven trusts created have public health foci: the Biomedical Research and Technology and Transfer Commission, the Tobacco Use Prevention and Control Foundation and the Health Priorities Trust Fund. The commission has a seat on the board of the Biomedical Commission and the Tobacco Use Prevention and Control Foundation.

- ***The Health Priorities Trust Fund***

Distributed to five cost centers, the Substitute Senate Bill 192 stipulates that no less than 25 percent of the annual appropriation from this fund must be used for minority health. This additional appropriation for minority health has been disbursed to the Commission on Minority Health, the Ohio Department of Health, the Department of Alcohol and Drug Addiction Services and the Department of Safety. Of these funds, \$1,000,000 was allocated for a minority health data project. In Capital Fiscal Year 03-04, the commission provided \$2 million in grant funds from the Health Priorities Trust Fund:

- Comprehensive asthma awareness and education.
- Academic, scientific and community partnerships, allow for applied research efforts specific to Ohio targeting cancers, diabetes, cardiovascular disease, infant mortality, violence and/or substance abuse.
- Created the Ohio Minority Health Institute at Central State University an immersion opportunity for capacity building for community based organizations.

#### ***External Grant Programs***

- The commission was awarded a year 4 and 5 grant from the federal Office of Minority Health for the State and Territorial HIV/AIDS Demonstration Grant. The project has been operationalized by establishing local coalitions in Columbus, Cleveland, Cincinnati, Dayton, Toledo, Youngstown and Akron. An advisory group comprised of four representatives from each coalition provides guidance for statewide initiatives.
- As a companion to the grant in conjunction with the coalitions and the Ohio Department of Health, the Commission launched the Ohio Minority AIDS Campaign (OMAC). Phase I consisted of wrapped public transit buses in 6 cities. The theme was multicultural and the message was "know your status." Phases II of the campaign were English/Spanish billboards statewide with a toe tag on a body stating "dirty needle, unsafe sex". Phase III is a statewide radio campaign in English and Spanish that will air throughout Minority Health Month. Phase IV is a statewide multicultural poster blitz. A toll-free number for the HIV/AIDS appears on all materials and is monitored for impact.
- \*The ALANNA project is an initiative designed to identify culturally competent researchers and evaluators by area of expertise. The document has been updated and computerized under a contract with the Office of Minority Health.

#### **Resources**

The Ohio Commission on Minority Health is staffed by 10 full time employees. Funds for the biennium include:

|   | <b>Year</b> | <b>Total</b> |
|---|-------------|--------------|
| General Revenue Fund State                      | FY 04-05    | \$4,532,537  |
| Health Priorities Trust Fund Capital            | FY 03-04    | \$2,260,000  |
| Federal Funds                                   |             | \$ 360,000   |
| Commission Biennium Budget, State FY-Capital FY |             | \$7,152,537  |

Note: Additional information for this report can be accessed by logging on to the Ohio Commission on Minority Health's Web site at <http://www.mih.ohio.gov>

# Oklahoma

Demetrio (JR) Gutierrez, Ed.D.  
Chief  
Office of Minority Health  
Oklahoma State Department of Health  
1000 N.E. 10th Street, Suite 211  
Oklahoma City, OK 73117-1299  
405-271-1337  
405-271-9228 Fax  
E-mail: demetrio@health.state.ok.us

## Organizational Structure/History

The Oklahoma Office of Minority Health (OK-OMH) was activated in 1994 by authority of the Oklahoma State Board of Health. The OK-OMH was created, primarily, to address the disproportionately poor health of Oklahoma's minority population, as identified in various state and federal reports. The office was originally placed under the direct supervision of the Oklahoma Commissioner of Health, then effective July 1, 1996, it was under the authority of the Deputy Commissioner of Health Promotion and Policy Analysis (HPPA). With the recent reorganization of the Oklahoma State Department of Health (OSDH), the OK-OMH has now been returned to the jurisdiction of the Commissioner of Health.

## Purpose/Mission Statement

*To promote and improve the health status of Oklahoma's minority populations and to ensure improved access to health care services that are coordinated, culturally and linguistically appropriate. This mission statement is reflective of the OSDH's vision of creating a "state of health."*

The Oklahoma Office of Minority Health's mission statement emphasizes the assessment of the health status of minority populations at the state and local levels that identify health disparities.

## Activities

- The OK-OMH focuses on health concerns and issues evident by the disproportionate number of preventable deaths, diseases and disabilities in minority populations. The bases of these concerns highlight OK-OMH's goals to eliminate health disparities among Oklahoma's minority population. Identified health areas include: (1) chronic disease (cardiovascular disease, cancer, hypertension, diabetes, strokes); (2) injury deaths (including violence prevention, homicides, suicides); (3) alcohol prevention and education; (4) maternal and child health; (5) men's and women's health concerns; and (6) health awareness education through participation and/or development of conferences and health fairs. The office also focuses on policy and not on providing specific programs.
- In 2003, the Oklahoma Legislators via SB 680, created an Oklahoma Health Disparities Task Force to look at health disparities in the state and provide recommendations and information that should lead to their elimination. The first meeting was October 24, 2003.
- Coordination is accomplished through internal assistance and support from the Oklahoma State Department of Health (OSDH) services (i.e., Chronic Disease, Immunizations, Maternal and Child Health, HIV/STD, and others). External assistance (volunteer support) is accomplished through a statewide

minority health advisory network, local community organizations, and university-sponsored practicum students, an effort to improve health and wellness among minority groups. Additionally, the OK-OMH participates in national minority health care initiatives through its collaboration with the federal government (Region VI, U.S. Public Health Services, Office of Minority Health) and with private non-profit/for-profit organizations (i.e., National Black Leadership Initiative on Cancer, American Cancer Society and Faith Based Organizations).

## Recent Activities

- Co-sponsored two conferences on health disparities in 2002 and 2003 that were well attended as co-sponsors included the faith-based community and several other community-based organization's that made the conferences focus on local issues.
- **Violence Prevention Contract Monitoring (\$340,000 FY 02 Total):**  
Dunjee All-School Association (Oklahoma County)  
Greenwood Cultural Center (Tulsa County)  
Metropolitan Tulsa Urban League (Tulsa County)  
North Tulsa Heritage Foundation (Tulsa County)

These are performance-based contracts that allow the OSDH to contract with organizations that provide services to minority and disadvantaged youth as they pertain to violence prevention. The OSDH's primary role in this initiative is to assist with program development and reporting and financial compliance. This has been an ongoing program for the past several years. The OSDH is represented on the Oklahoma Council on Violence Prevention. OK-OMH will assist in the transition of the program if the transfer proposal is carried though.

## Resources

The Oklahoma Office of Minority Health is staffed with a chief, a minority health officer, administrative assistant and a Spanish translator.

Budget allocations for the Oklahoma Office of Minority Health for FY 2001-2004 are as follows:

| Year   | State | Federal   | Total     |
|--------|-------|-----------|-----------|
| FY2001 | -     | -         | -         |
| FY2002 |       | \$206,384 | \$206,384 |
| FY2003 |       | \$244,597 | \$244,597 |
| FY2004 | -     | \$266,479 | \$266,479 |

# Oregon

James L. Mason, Ph.D.  
Director  
Office of Multicultural Health  
Department of Human Services  
800 N.E. Oregon St., Suite 930  
Portland, Oregon 97232  
503-731-4601  
503-731-4078 Fax  
E-mail: [james.mason@state.or.us](mailto:james.mason@state.or.us)

## Organizational Structure/History

The Oregon Office of Multicultural Health (OR-OMH) was created within the Oregon Health Division in 1987. Located in the Office of the Administrator, the director serves as a member of the division's Executive Management Team.

In 1999, the Governor of Oregon issued an executive order creating the Task Force on Racial and Ethnic Health. The task force consisted of twenty-one members, including, state legislators, governor's policy staff, eight representatives of interest groups, advocacy commissions and seven at-large positions. A report was submitted in December 2000 that has resulted in new legislation, an increase in state funding for the OR-OMH and opportunities for new partnerships with public and private sector partners.

The Oregon Department of Human Services is undergoing a major organization that will result in greater integration of services and more efficient delivery of comprehensive services. An area of focus for the reorganization is on raising cultural competency as a priority and integrating racial and ethnic health issues into all areas of the state's health, mental health, substance abuse and Medicaid policy and program administration.

## Purpose/Mission Statement

*The mission of the Oregon Office of Multicultural Health is to improve the health status for under-served and under-represented populations through multicultural and culturally-competent approaches that influence the way health and human services are designed, delivered, and accessed.*

## Program Activities

Current activities of the Oregon Office of Multicultural Health include:

- Providing a leadership role related to delivering health and human services within multicultural and culturally specific communities.
- Developing new linkages and strengthening partnerships with county health and human service departments, community based organizations and the private sector.
- Providing consultation on policy development, enhancing access to health and human services, eliminating racial and ethnic health disparities, and identifying opportunities for culturally diverse community involvement related to the design, delivery, and evaluation of services provided to culturally and linguistically diverse populations.

- Developing strategies to increase the representation of culturally and linguistically diverse people in the public health workforce as well as related policy- and decision-making bodies.
- Supporting policy development and promoting community involvement through the work of the Governor's Task Force on Racial and Ethnic Health.
- Sponsoring a statewide biennial multicultural health conference. The event attracts over 400 attendees representing policy-makers, consumers and family members, community leaders and advocates, and service providers.
- Providing support and technical assistance to culturally and linguistically diverse community efforts to eliminate racial and ethnic health disparities, and work to increase the effectiveness of community outreach strategies and health education techniques in communities of color.
- Developing and circulating regular information to the community and program partners through an electronic newsletter and diversity events calendar that reaches over 500 subscribers.

## **Resources**

The director and four program staff makeup the Oregon Office of Multicultural Health. The sources of funding include; State General Fund, Preventative Health Block Grant and a State and Territorial HIV/AIDS Demonstration Grant. The budget for the Oregon Office of Multicultural Health for the 2003-05 Biennium is \$1,225,700.

# Puerto Rico

Nadia Gardana  
Coordinator  
External Affairs Office (OMH/PCO)  
Special Racial/Ethnic Health Issues  
Puerto Rico Department of Health  
P. O. Box 70139  
San Juan, PR 00936  
787-274-7735 or 274-7736  
787-724-6864 Fax  
E-mail:ngardana@salud.gov.pr

## Organizational Structure/History

The Puerto Rico Office of Special Racial/Ethnic Health Issues and the Primary Care Office are located within the External Affairs Office in the Puerto Rico Department of Health. The Puerto Rico Office of Minority Health (PR-OMH) was established administratively by the state secretary of Health in September 2000. Prior to that date, the Health Department did not have any organizational entity that focused exclusively on minority health activities.

The Puerto Rico Department of Health, is responsible for dealing with the health needs of the general population, but there was not a specific official plan for identifying, monitoring, and addressing the health disparities within minority groups and the special health needs of some specific sub-populations.

The Office of Special Racial/Ethnic Health Issues is located within the Puerto Rico Department of Health in the External Affairs Office where it is able to coordinate with, and involve a wide range of state resources to address the public health needs of racial/ethnic minorities and/or to undertake special projects to address emerging health related issues impacting minorities communities in the Island.

Puerto Rico's 3.8 million population enjoys a richness in racial and ethnic diversity and identities. Recently the influx of people from places as far as China and as near as Haiti and the Dominican Republic has significantly expanded the population mosaic. While over time, this multicultural and multiracial diversity has created a positive learning environment, health officials understand that with diversity there may be a number of new and growing health issues that could go undetected and that should be addressed. It would be unfair and unjust to address the needs of the population at large and remain ignorant of the special needs of sub-populations like the newly arrived Asians, Haitians, and Dominicans, or the special health problems of Puerto Ricans in general.

## Purpose/Mission Statement

The Puerto Rico Office of Special/Ethnic Health Issues was created as a vehicle for implementing change. It was designed to assess the health care needs of special populations and to act as a focal point of information and policy coordination for communities, consumers, providers, and policymakers on issues that have an impact on the residents of the island. It will identify, characterize, detect, and monitor any health disparity within the general minority Puerto Rican population and other special sub-populations.

*The mission of the office is to assist the secretary of health on issues related to improving the health status of the immigrant populations and Puerto Rico with special health needs. This goal is in agreement with the overall mission of the Department of Health, to promote and protect the health of all the residents of the island by providing access to high quality preventive and medical services.*

## Program Activities

The Puerto Rico Office of Special/Ethnic Health Issues works collaboratively with governmental and non-governmental organizations, academia, community based organizations, coordinates activities with the federal Office of Minority Health, and provides assistance in designing, implementing, and evaluating health programs to address any health disparities identified within the general Puerto Ricans minority population and or within sub-populations. The specific responsibilities of the office include:

- Develop a profile on the Puerto Rican minority populations and other special sub-populations.
- Identify special health needs unique to minorities and special sub-populations.
- Document health disparities.
- Prioritize health problems.
- Collaborate with existing offices and agencies in the design of programs to reduce or eliminate disparities.
- Maintain open communication with all collaborators and sharing information.
- Provide technical assistance.
- Serve as a clearinghouse for information.

## Resources

The Puerto Rico Office of Special/Ethnic Health Issues does not have a separate state budget. Its expenditures are included in the overall funds for the DOH External Affairs Office. Since 2000, the Office has received the sum of \$335,600.00 in contracts and awards from the federal Office of Minority Health and Region II Office of Minority Health.

| Year       | Amount    | Source   |
|------------|-----------|--|
| FY 2000    | \$5,000   | Region II OMH to create and establish the state Office of Minority Health.   |
| FY 2001-02 | \$20,000  | Federal OMH, to assist in developing strategies for Puerto Rico's Healthy People 2010 Plan and campaign launching.   |
| FY 2002-03 | \$5,000   | Region II OMH, to produce a report on statistical data of the Dominican immigrant population living in Puerto Rico.  |
| FY 2003-04 | \$12,500  | Region II OMH to develop strategies for carrying out health needs assessment for the Dominican population residing in Puerto Rico.   |
| FY 2002-03 | \$143,100 | State and Territorial Minority HIV/AIDS Demonstration Grant Program to identify the need within the jurisdiction through the enhancement of the surveillance and services collection system, and to create the linkages of the services provided by community-based organizations (CBOs) with other state and local recipients of federal funds to develop greater resource capacity.                                    |
| FY 2003-04 | \$150,000 | State and Territorial Minority HIV/AIDS Demonstration Grant Program to identify needs for HIV/AIDS Prevention and Treatment Services for Minority Populations within the Island, improve linkages between CBOs and state entities, assist in coordinating federal resources going into high-need minority communities, and facilitate access to federal technical assistance available to community based-organizations. |
| FY 2003-04 | \$60,000  | To develop strategies for carrying out health needs assessment for the population of homeless persons residing in Puerto Rico.   |

# Rhode Island

Ana P. Novais, M.A.  
Minority Health Coordinator  
Office of Minority Health  
Rhode Island Department of Health  
Three Capitol Hill, Room 407  
Providence, RI 02908-5097  
401-222-2901  
401-273-4350 Fax  
E-mail: [AnaN@doh.state.ri.us](mailto:AnaN@doh.state.ri.us)  
Web site: <http://www.health.ri.gov>

## Organizational Structure/History

The Rhode Island Department of Health's (HEALTH) Office of Minority Health (RI-OMH) was created in June 1992 by the state legislature (Article 102, Title 23, and Chapter 64 of the Public Laws of Rhode Island), that allocated a portion of the revenues from a tax imposed on smokeless tobacco to the office. The office is currently funded through general revenue funds of the state. It is located within the Director's Office in the Center for Health Information and Communication to ensure that minority health issues get addressed in all Department programs. A twenty-two (22) member Minority Health Advisory Committee (MHAC), comprised of representatives from community-based organizations, providers and racial and ethnic advocacy groups in the state, provides advice to the RI-OMH and to HEALTH.

## Purpose/Mission Statement

*The mission of the Rhode Island Office of Minority Health is to facilitate access for racial and ethnic minority communities to health information, education and risk reduction activities; and to develop policies, plans and tracking systems for ensuring that the needs of these communities are integrated and addressed within all department programs. The RI-OMH carries out its mission through the following functions:*

- Coordinating resource acquisition and training relating to racial and ethnic minority health.
- Facilitating access for racial and ethnic minority communities to HEALTH programs and resources.
- Providing funding and technical assistance to racial and ethnic communities.
- Monitoring HEALTH activities related to racial and ethnic minority populations.
- Participating in policy development and decision-making regarding minority health.

## Program Activities

### ***Policy and Planning***

RI-OMH has been engaged in a number of activities as a result of internal, local and regional minority health initiatives. The MHAC completed its work on a comprehensive minority health needs assessment project. The project identified four priority areas:

- **Priority One**  
“HEALTH should require all programs to meet the needs of racial and ethnic minority populations.”
- **Priority Two**  
“HEALTH should establish uniform guidelines and procedures regarding the collection, use and analysis of data on racial and ethnic minority populations. These guidelines should be developed in coordination with the MHAC and should be consistent with OMB Directive 15.”
- **Priority Three**  
“HEALTH should establish policies and procedures regarding minority community involvement and participation in all planning, monitoring and evaluation activities through the effective use of key minority contacts and by increasing the level of diversity for all Boards.”
- **Priority Four**  
“HEALTH needs to improve its workforce diversity, provide opportunity for racial/ethnic minorities on all employment levels at HEALTH, and support the need for diversity in all health care institutions.”

### ***Health Promotion/Disease Prevention***

- Since FY 1994, the RI-OMH has awarded nearly 2.2 million dollars in grants to community-based agencies serving minority populations. These grants are designed to assist community-based organizations to develop minority health promotion centers (MHPC) to: (1) provide health education and information addressing those health conditions for which minorities experience a disproportionate health burden; (2) conduct community outreach in order to inform community members of HEALTH services and programs and MHPC services; (3) provide education regarding consumers' rights and responsibilities within the health care system; and (4) work with health care providers and community clinics to assure minority access to health screenings and follow-up care, if needed.
- The grants are awarded through a request-for-proposal process, ranging in size from \$20,000 to \$25,000 annually for a period of three consecutive years. To date, 31 community-based organizations have received funding from the RI-OMH. In addition, mini-grants (ranging from \$2,000 to \$2,500) target first-time applicants to provide culturally and linguistically appropriate community-based outreach and education services to racial and ethnic minority populations.

### ***Data/Evaluation Projects***

- Currently updating its series of “Minority Health Fact Sheets,” that contain socio-demographic data and a profile of the health status of each racial and ethnic minority group in the state.
- “Annual Minority Health Data Symposiums” are held to educate community groups and health care providers about minority health issues and sources of minority health data.
- Collaborated with the Office of Health Statistics to produce an updated Minority Health Data Collection Policy and a trend analysis of minority health. Plans for the future include the development of a Minority Health Surveillance program and the production of an annual report on the health status of minorities in Rhode Island.

### **Training/Technical Assistance**

- Provides ongoing technical assistance to funded community-based agencies through bimonthly meetings.
- Conducts an annual program evaluation workshop to assist funded agencies in developing meaningful evaluation reports. Videoconferences and other training sessions on minority health for department staff, community-based organizations and other interested groups are also periodically organized.

### **State Partnership Activity for the Eliminating of Health Disparities**

- Active planning and participating partner in the bi-annual New England Eliminating Health Disparities Regional Conference. The conference includes a state breakout session to identify minority health issues that are perceived to be impacting the health of Rhode Islanders and strategies and recommendations to address them. At the conference this year held in Boston, Mass., the community partners identified the following objective/priorities for Rhode Island:
  - Educate, motivate and impact current leadership; support leadership development.
  - Support the collection, reporting, analysis, sharing and utilization of data.
  - Increase resources and technical assistance for the on-going development of state and local efforts.
  - Facilitate and develop public/private sector partnership; convene state partners to oversee and coordinate implementation of the plan to eliminate disparities.
  - Develop a marketing plan to bring and maintain the issue of racial and ethnic health disparities in the fore front of the public's mind.
- Works with the other New England Offices of Minority Health and the Region I federal Office of Minority Health to advance a common vision for the elimination of health disparities and is working with the New England Coalition for Health Equity (NECHE) on data and community capacity building issues for the region.
- Internally, the RI-OMH works closely with all programs and divisions to ensure that specific priorities achieve the goal of eliminating disparities by the year 2010 are identified and that each program integrates and addresses minority health within their own specific program areas.

### **Available Materials**

- *Requests-for-Proposals* for community-based minority health promotion projects for FY 2003
- Minority Health Fact Sheets
- "Healthy Rhode Islanders 2010: Leading Health Indicators by Race and Ethnicity"
- "A Healthier Rhode Island by 2010: A Plan for Action"
- Documents from previous years available by request (please contact RI-OMH).

### **Resources**

The Rhode Island Office of Minority Health is staffed by one professional and by one full time bilingual administrative support person. In FY 2003, program expenditures were \$406,466 including grant monies distributed to community-based organizations. The RI-OMH budget for FY 2001 – 2003:

| Year    | Total                |
|---------|----------------------|
| FY 2001 | \$382,351            |
| FY 2002 | \$393,151            |
| FY 2003 | \$406,766            |
| FY 2004 | \$413,716 (estimate) |

# South Carolina

Gardenia Ruff, M.S.W.  
Director  
Office of Minority Health  
South Carolina Department of Health and Environmental Control  
2600 Bull St.  
Columbia, SC 29201  
803-898-3808  
803-898-3810 Fax  
E-mail: [ruffgb@dhec.sc.gov](mailto:ruffgb@dhec.sc.gov)

## Organizational Structure/History

The South Carolina Office of Minority Health (SC-OMH) was established administratively by the commissioner of the state's Department of Health and Environmental (DHEC) in February 1990. Prior to that, in 1989, the Commissioner created the South Carolina Task Force on Minority Health to examine minority health issues. The creation of an Office of Minority Health was one of the recommendations that resulted from the efforts of the Task Force. In 1994, the Migrant Health Program was organizationally placed within the South Carolina Office of Minority Health.

## Purpose/Mission Statement

The South Carolina Office of Minority Health serves as principle advisor to the Health Department as well as to other agencies and organizations on public health and environmental issues affecting minority populations (African Americans, Hispanic/ Latinos, American Indians and Asian/Pacific Islanders) in the state. The office targets its efforts to African Americans as a priority population as they represent the largest minority group and carry a disproportionate burden of the health disparities.

*The mission of is to provide leadership and serve as a focal point for addressing health disparities and other minority health issues. Its goal is to improve the health of minority communities by ensuring the development or modification of policies, programs, strategies and initiatives to effectively target and provide culturally competent services to minorities. SC-OMH is dedicated to accomplishing this goal to attain its vision of Healthy Minorities Living in Healthy Communities.*

The South Carolina Office of Minority Health focuses its efforts on six priority health problems that account for the large and disproportionate number of preventable deaths and disabilities affecting minorities in the state.

While attention is given to sickle cell disease and other health problems that significantly affect minority populations, the six priority health disparity areas are:

- Cardiovascular disease (heart disease and stroke)
- Cancer (breast and prostate)
- Diabetes
- HIV/AIDS
- Infant mortality
- Immunizations (childhood and adult)

## Program Activities

The South Carolina Office of Minority Health is involved in a number of state and local initiatives to address health disparities and other issues, which impact the health status of communities of color. The office serves as a focal point and provides leadership through consultation, collaboration, technical assistance, advocacy, and coordination of internal and external programs and initiatives. Cultural competence principles and application(s) guide all of the efforts of the office in advancing minority health. The office employs strategies in the following areas to carry out its mission and meet its goal:

- Policy, Planning and Development
- Community Engagement and Capacity Building
- Cultural Competence Initiatives
- Health Promotion/Marketing
- Partnership Development
- Faith-based Health Initiatives
- Minority Health Professions Development
- Data, Research and Evaluation

The focus of SC-OMH initiatives is on the development and implementation of market prototypes, demonstration models, and promoting adaptability for use in addressing health disparity and minority health issues. The following highlights various SC-OMH initiatives:

### ***Health Disparities Study Report***

- Provided leadership in coordinating the agency's development of a study and a report in response to a legislative directive to assist in the state's efforts to address health disparities. The purpose of the study was to develop a state health improvement plan with recommendations to address coordination of services, elimination of duplication, and coordination of federal, state and other resources toward improving the health status of racial and ethnic minorities in the state. This was a collaborative effort of public and private agencies.

### ***Statewide Hispanic Health Needs Assessment***

- Commissioned the first statewide Hispanic health needs assessment. This document is used to identify health needs to facilitate and promote policy, planning and the provision of appropriate health services for the state's growing Hispanic/Latino population.

### ***Cultural Competence***

- **Cultural Competence Action Plan (CCAP)**—Provides leadership in the development, implementation and evaluation of the agency's Cultural Competence Initiative. The Cultural Competence Action Plan formed the basis for the development and implementation of the initiative. The CCAP addresses the agency's capacity to address health and environmental issues within the context of culture through a focus on training, workforce diversity, standards /accountability, policies, programs and services. Coordinates the activities of the agency's Cultural Competence Management Team who assists with implementation and monitoring of the CCAP and overall initiative.

- **Culturally and Linguistically Appropriate Services Policies (CLAS)**—Coordinated the development and provides leadership in monitoring and evaluating CLAS policies adopted by the agency. These policies provide guidance and direction for the integration of cultural competence concepts and principles into all aspects of the agency's operation.
- **Staff Development**—Provides leadership for coordinating required staff training which includes: 1) Basic Cultural Competence; 2) CLAS Policy; and 3) How to Use An Interpreter.
- **Language Assistance Program for Limited English Proficiency (LEP)**
  - **Telephone Interpreter Services**—DHEC HABLA (Hispanic Assistance and Bi-Lingual Access) is a Spanish interpretation service that is provided via telephone and in person (for select cases) across the state. Access to interpreter services for languages other than Spanish is provided through another service.
  - **Translation Services**—Forms, educational materials and other documents are translated as DHEC HABLA and other contracted services.
  - **Interpreter Qualification Program**—Designed to ensure proficiency and accuracy when providing interpreter services to the agency's LEP customers through testing and training.

#### **HIV/AIDS**

- **Minority HIV/AIDS Demonstration Project**—Provides leadership and statewide coordination to identify, develop and leverage local, state and federal resources available to minority community-based organizations (MCBOs). The project provides training, consultation and technical assistance to build or enhance the capacity of these organizations to promote HIV/AIDS prevention programs and to better serve HIV/AIDS patients in minority communities. Three-year project funded by the federal Office of Minority Health
- **Minority Community Based Organization Institute**—Initiated the state's first annual "Minority Community Based Organization Institute." This is a two-day skills-building conference for grassroots organizations that provide HIV/AIDS prevention services in minority communities. The purpose of the Institute is to build organizational capacity and enhance administrative and programmatic skills. The Institute's major focus is training in program management, prevention education techniques and resource identification.
- **HBCU HIV/AIDS Summit**—Developed and currently coordinates the annual "HBCU (Historically Black Colleges and Universities) HIV/AIDS Summit." Now in its fourth year, the Summit is a collaborative effort to engage the state's eight HBCUs in HIV/AIDS prevention initiatives. The purpose of the Summit is to raise awareness and to provide HIV/AIDS education and prevention information. The emphasis is on engaging the administration, faculty and students as active participants in implementing, integrating and sustaining HIV/AIDS prevention programs into HBCU curricula, other campus activities and surrounding communities.

#### ***Real Men Checkin' It Out" Prostate Cancer Communication and Education***

- Developed by OMH (through a federal OMH State Partnership grant) is a community driven, culturally appropriate education and communication prototype that addresses prostate cancer in the African-American Community. SC DHEC-OMH continues its efforts to expand the Real Men project through partnership development; and by providing technical assistance on prostate cancer education, screening and follow-up; culturally appropriate social marketing outreach initiatives and training. *Real Men* has been successfully implemented by various community/faith-based organizations and has received national recognition as a model project.

### **Faith-Based Health Partnerships**

• **DHEC/AMEC (African Methodist Episcopal Church) Partnership**—DHEC through the Office of Minority Health is actively addressing issues regarding health disparities in minority communities by engaging the faith community as partners in improving community health. A key partnership is with the Seventh Episcopal District of the African Methodist Episcopal Church (AMEC) in South Carolina.

- **AMEC Strategic Health Plan**—Provided leadership in coordinating the development of the AMEC Strategic Health Plan. This comprehensive plan is a collaborative effort between the agency, the AMEC and other partners. It sets the direction for the AME Church by defining goals, strategies and outcomes to address health disparities and other health issues. It also includes accountability and evaluation components. DHEC/Partnership and other collaborative efforts have been initiated to implement the Strategic Health Plan. The Plan will be used as a model in developing partnerships with other faith groups.
- **"Protect Your Body... Your Temple!"**—Faith-based health promotion campaign using church bulletin inserts to deliver health messages related to priority disparity areas with an emphasis on promoting risk reduction activities.

### **"It's Your Health... Take Charge!" Health Promotion Campaign**

- Health promotion and education campaign target African American community, utilizing non-traditional approaches to deliver health messages to minority communities.
- **Calendar**—In partnership with Blue Cross Blue Shield of South Carolina, SC-OMH continues to produce a calendar annually as a health education tool. The calendar targets the African American community using images of children in natural settings and health promotion tips, which have been demonstrated to be successful in inspiring the target group to adopt healthy lifestyles. The calendars are distributed through various channels within the minority community, i.e. churches, schools, daycare and health centers, barber and beauty shops, and other community groups.
- **IMARA Woman Magazine Partnership**—SC-OMH has expanded its partnerships to include *IMARA* Woman Magazine, a personal lifestyle and growth magazine, targeting women of color. The office provides health promotion advertisements in each issue, and coordinates the development and inclusion of articles, which address health disparity issues. SC-OMH promotes and is a co-sponsor of the annual *IMARA* Woman Lifestyle Empowerment Tour. This is an educational outreach initiative, which provides, in addition to other lifestyle and growth issues, interactive health related workshops and health screenings.

### **"Take A Loved One to the Doctor Day"**

- Provides statewide coordination of the annual U.S. Department of Health and Human Services initiative which is designed to raise awareness of health disparities and encourage African Americans to go to the doctor for regular check-ups.

### **Health Professions Partnership Initiative (HPPI)**

- Collaborative effort to increase the number of African Americans in public health training and public health careers, targeting middle, high school, college students and the public health workforce. SC-OMH coordinates the agency's partnership initiatives in carrying out HPPI project activities. Joint effort with the University of South Carolina School of Public Health and funded by Robert Wood Johnson Foundation.

### **Minority Health Issues Conference**

- "How to" conference provides a forum for health and human service professionals to learn skills and knowledge necessary to render culturally appropriate services in communities of color. An intensive two-day institute has been the signature feature of the conference, which is designed to teach in depth skills on topics such as cultural competence, working with the Hispanic population, materials development and focus groups.
- **"Voices of the Community - Zero Health Disparities"** is an extension of the Minority Health Issues Conference, focused on actively engaging the participation of minority communities in addressing health and environmental issues through holding community forums across the state. A report "Voices of the Community - Zero Health Disparities, Community Forums on Minority Health" documents the findings which is used to promote and guide efforts at the community and state levels for policy, program planning and service delivery.

### **Migrant Health Program (MHP)**

- Program is responsible for development and coordination of systems to assure access to culturally competent comprehensive health care services for migrant and seasonal farmworkers and their families across the state. Services are provided through contractual and other collaborative health care agreements. MHP holds seasonal clinics, conducts camp-based health assessments and screenings; and provides outreach, education, translation, case management, transportation services and referrals. The migrant and seasonal farmworker population is predominately Hispanic/Latino.

## **Resources**

The South Carolina Office of Minority Health has 16 full time staff. The SC-OMH budget:

| <b>Year</b>     | <b>Total</b> |
|-----------------|--------------|
| FY 1998 -99     | \$ 846,198   |
| FY 1999 - 20000 | \$1,075,212  |
| FY 2000 - 01    | \$1,320,722  |
| FY 2001 - 02    | \$1,046,139  |
| FY 2002 - 03    | \$1,046,139  |

#### Funding Sources for FY 2000 - FY 2001

|         |              |
|---------|--------------|
| State   | \$ 360,529   |
| Federal | \$ 753,873   |
| Other   | \$ 61,130    |
| Total   | \$ 1,175,532 |

# Tennessee

Robbie M. Jackman, M.S.S.W.  
Director  
Office of Minority Health  
Tennessee Department of Health  
Cordell Hull Building, 3rd Floor  
425 Fifth Ave., North  
Nashville, TN 37247  
615-741-9443  
615-253-1434 Fax  
E-mail: [robbie.jackman@state.tn.us](mailto:robbie.jackman@state.tn.us)

## Organizational Structure/History

The Tennessee Office of Minority Health (TN-OMH), established by the Commissioner of Health in July of 1994 is part of the Executive Administration of the Tennessee Department of Health. Its executive director responds to the commissioner. As the focal point for the Tennessee Department of Health (TNDH) on minority health issues, the TN-OMH provides a voice for diverse communities with concerns about quality public health services. Responsibility for the department's Title VI program lies within the TN-OMH and the office works along side other departmental bureaus to ensure inclusive policies and programs for ethnic, racial, urban, rural, women and other underserved populations are part of the overall strategic planning process.

The office hosts a Minority Health Advisory Council (MHAC) comprised of health professionals and community activists to serve as an informational resource to the commissioner of health. The twenty member council meets quarterly to review goals, strategies and activities of the Department of Health as they relate to the health of minority citizens. A sub-committee composed of physicians serving on the MHAC has also been identified to respond to focused initiatives relevant to physical and mental health of underserved populations.

On an annual basis, the council meets jointly with the Tennessee Black Health Care Commission (a legislatively mandated entity) and the General Assembly's Black Caucus to enhance resources that focus on improving minority health. The director of the TN-OMH serves as the chair to the Advisory Council and office staff provides oversight and administrative support.

## Purpose/Mission Statement

*The mission of the TN-OMH is to promote improved health status of minority citizens of the state. This aim is in conjunction with the overall mission of the Department of Health to promote, protect and restore the health of Tennesseans by facilitating access to high quality preventive and primary care services.*

The strategies used by the TN-OMH to improve health status include: improving access to affordable health care; recruitment and retention of minority health providers; promotion of cultural competency in health service delivery; improvement in allocation of resources for health programs; assertive promotion of minority health policies and increasing minority health research and data.

In addition, the current administration's full commitment to achieving these objectives is evidenced by the creation of an unprecedented, executive level position, director of Disparity Elimination, solely dedicated to the elimination of health disparities insuring that this core goal becomes fully integrated into the entire Tennessee Department of Health.

The director of Disparity Elimination has several responsibilities towards achieving disparity elimination and insuring healthy outcomes for the state's residents; including being charged with developing and implementing a Report **CARD** for the department, which specifically entails the following:

**Coordination**—Coordinating the functions and services of the TDH towards achieving disparity elimination through the identification of achievable and quantifiable targets for address;

**Assessment**—Assessing the current efficacy of TDH approaches towards disparity elimination; indicating areas and strategies for improvement; and developing process and outcome evaluation measures to determine the effectiveness of disparity elimination efforts; and

**Resource Development**—Identifying internal resources for reallocation towards achieving disparity elimination; facilitating partnerships with external funding sources; and creating partnerships between TDH and non-traditional entities (i.e., faith communities, non-governmental organizations, etc.).

The efforts of Disparity Elimination have been made easier because of the groundwork laid by the Office of Minority Health. Critical components of the TDH vision for disparity elimination have been articulated in publications generated by the Office of Minority Health for years. For example, "Narrowing the Gap" (1999) served as one of the first TDH-generated publications to present significant statewide data on differentials in the health of people of color in relation to their majority counterparts.

Following up on the insights provided in that document, the office drew on the available data to develop an initiative entitled, "Eliminating Health Disparities Initiative for Underserved and Communities of Color in Tennessee" (2001). This document provided a comprehensive framework for systematically addressing health disparities by focusing on several areas including: health and health-related education; health access; health and health-related research; statewide community resource development; evaluation and oversight; and OMH infrastructure enhancement. These documents along with the "Comprehensive Plan for Eliminating Health Disparities for African Americans in Tennessee" (Tennessee Black Health Care Commission, 2002) have helped to keep the issue of health disparities and their elimination within the collective conscious of TDH and its employees.

TNOMH maintains informational databases regarding community programs, health professionals and events, the following programs and activities assist in meeting its goals:

#### ***Annual Minority Health Summit***

- Statewide forum focusing on health, education and economic development as a triad of high impact issues affecting the healthy outcome of life in minority communities. This training conference brings together educators and professionals to provide cutting edge information about policies and issues that directly affect Tennesseans. TN-OMH is assisted in event with coordinated efforts from the Tennessee Black Health Care Commission and the Black Caucus of State Legislators to identify an array of professionals and experts to examine topics that are relevant to Tennessee's racial and ethnic communities.

#### ***Black Health Initiative Grant Program***

- Targets African American youth ages 10-19, providing holistic health (education, physical and social) opportunities that equip youth to choose healthy lifestyles. The grantees meet biannually for training, networking and resource development, providing the opportunity to report on individual program progress and discuss issues that affect community organizations. The program accepts new proposals for a 5-year funding cycle on a rotating basis through a formal request for proposal (RFP) process. The University of Memphis (Tennessee) developed and implemented a standard evaluation instrument and process for use by the grant program.

### **HIV/AIDS Community Coalition Project**

- Works with minority populations to expand strategies to improve education and prevention programs and develop comprehensive plans that will produce effective outcomes for specific populations. It collaborates with a historically black university, Tennessee State University, for evaluation and programming. The HIV/AIDS Project hosts a Community Care Advisory Committee of lay-persons and health professionals to facilitate education and services. The statewide project is currently funded through a grant from the federal Office of Minority Health with a program director who is part of the staff of the TN-OMH.

### **Title VI Coordinator**

- Leads the Coordinating Committee's oversight of the Department of Health's implementation and compliance with the effectuation of the provisions of the 1964 Title VI law. The committee is composed of representatives from several departmental program areas: alcohol and drug services, general counsel, health licensure, personnel, TennCare (state managed health system) and representatives of the community.

### **Tennessee Minority Health and Community Development Coalitions**

- TN-OMH assisted in the establishment of the that identify local health issues through regional groups linking to state and national allies addressing concerns of all ninety-five counties in the state. The coalitions work together as clearinghouses for local and regional minority health data. The TN-OMH continues to provide governmental support for the coalitions.

### **Your Health Is In Your Hands**

- Statewide initiative developed by the TN-OMH, utilizing focus groups to identify specific health issues and those avenues available for service delivery. The initiative works with members of faith communities of color to develop a stroke-prevention social marketing campaign specifically tailored to faith communities. This initiative also works with media consultants to produce a public awareness campaign featuring the faith community's most visible spokespersons, recording artists from the entertainment industry. Start up was supported through funding from the federal Office of Minority Health.

### **The Hope and Help Initiative**

- Project of the Memphis-based Wellness and Stress Clinic of The Healing Center, a strategy-based model. Initiative provides programs in stress reduction, low-impact aerobic exercise, health related support groups, nutrition information and counseling on psychological issues to participants drawn from a radio listening audience of The Healing Center's weekly radio broadcast. Intent is to increase the health literacy of participants by allowing them to be able to identify and address the underlying causes of chronic disease and disability, which disproportionately affect communities of color. TN-OMH assisted with funding along with the federal Office of Minority Health.

### **Cardiovascular/Health Literacy initiative**

- TN-OMH partners with another departmental section to encourage minority consumers to become more involved with protocols of health especially as prescribed for cardiovascular disease. Resources are channeled to four community coalitions with infrastructure to reach a targeted population with information and/or direct services for cardiovascular health. Health promotion activities, such as seminars and health fairs within the target communities, are geared to improve the understanding of medical procedures, pharmaceutical instructions and general accountability by patient and provider for quality health and care.

### **Minority Health Awareness Month**

- TN-OMH's acknowledgement of this period in April coincides with the national recognition. Marked by identification of specific activities and events in communities across the state, local institutions, programs and private entities are asked to accent tasks that explore and implement ways to reduce chronic health risks, promote health literacy and eliminate disparities through improved health awareness. TN-OMH distributes public information materials highlighting the activities of these participating organizations and communities.

### **Health Care Task Force of the Tennessee Black Caucus of State Legislators**

- TN-OMH works in conjunction with this group in soliciting citizen input into the functions of state government. The Task Force advises the Caucus members of the TN General Assembly and others on potential health related legislative agenda items for consideration. TN-OMH partners with the Task Force in public forums to promote health education, and advocate for early intervention, prevention and treatment

## **Resources**

The Tennessee Office of Minority Health is staffed by and is assisted by six full time staff including clerical support. The Tennessee Office of Minority Health, a division of the State Department of Health, receives operational funding in the following areas: work program, an internal dedicated grant and a dedicated federal initiative, but does not receive funding from private sources.

The Black Health Initiative (BHI) is an internal set-aside grant program for which the TN-OMH provides administrative oversight and management. The Minority AIDS Coalition Project is a federally funded initiative within the office.

| <b>Year</b> | <b>State</b> | <b>Federal</b> | <b>BHI</b> | <b>Total</b>    |
|-------------|--------------|----------------|------------|-----------------|
| FY 2001     | \$933,100    | \$271,800      | \$150,000  | \$1.354 million |
| FY 2002     | \$933,100    | \$260,800      | \$150,000  | \$1.343 million |
| FY 2003     | \$833,100    | \$319,000      | \$150,000  | \$1.302 million |
| FY 2004     | \$833,100    | \$329,000      | \$150,000  | \$1.312 million |

# Texas

Durquia M. Guillen, M.P.A.  
Director  
Office of Minority Health  
Texas Department of Health  
1100 West 49th St., T-602  
Austin, TX 78756  
512- 458-7111 ext. 6670  
512-458-7488 Fax  
E-mail: Durquia.Guillen@tdh.state.tx.us

## Organizational Structure/History

The Texas Office of Minority Health (TX-OMH) is organizationally placed with the executive deputy commissioner in the Office of Public Health Practice, within the Texas Department of Health.

The TX-OMH was created by the 73rd Texas Legislature in 1993 as part of House Bill 1510 to facilitate an increasing focus on the distinct health care needs of minority populations in Texas. The functions of the office, as promulgated in the bill, are (1) to assume a leadership role in working with federal, state and private groups and agencies to develop minority health initiatives, and (2) to maximize the use of existing resources for this purpose without duplicating current efforts in this area.

## Purpose/Mission Statement

*The mission of the Texas Office of Minority Health is to provide leadership and guidance throughout the Texas Department of Health (TDH) and assist the department in improving the health status of racial/ethnic minorities.*

During FY 2004, TDH will organize minority health services in a functional way focused on measurable outcomes for specific health disparities and integrate minority health strategies, including multilingual communications, in all of our programs and with all health and human service agencies, as appropriate. TX-OMH will also work to ensure that TDH is able to collect and provide data necessary for monitoring the agency's activities that address the needs of racial and ethnic minorities.

All partners, TDH regional public health and local communities, are vitally needed to work together to build and maintain essential public health services. TX-OMH staff will work to integrate minority health strategies in all our programs as appropriate.

## Program Activities for FY 03 - 04

The TX-OMH collaborates with all bureaus and divisions within the Department of Health to address the needs of minority populations. The office, in partnership with the local public health regions, continues to provide technical assistance to the community focused on the priorities outlined above.

### ***Collaboration with Public/Private Entities***

- Work with state and federal agencies, private interest groups, communities, foundations, and other Offices of Minority Health to increase awareness of and develop initiatives that address minority health issues and health disparities. Identify best practices and tools to promote coalitions, networks, or entities to provide services to minority populations to build stronger communities or infrastructure for interventions on minority health issues.

### ***Support community-based coalitions and networks with technical assistance and training***

- Provide a central information and referral source and serve as a primary state resource in coordinating, planning and advocating access to minority health care and funding opportunities.
- Partnered with many organizations, including the Central Texas Communities of Color Health Network, Dimmit County Memorial Hospital, and Vida Y Salud Health Systems, Inc. in providing information.
- Assisted in establishing the Texas American Indian Information and Resource Network.
- Played an active role in several statewide conferences, including the 9th Annual Minority Health Conference in November.
- Created a more user-friendly Texas Office of Minority Health Web site to disseminate information more broadly. <http://www.tdh.state.tx.us/minority>
- Increase the capacity of local communities to implement strategies that improve the health status of minority and under-served populations.

### ***Support the Communication Information Network (CIN)***

- Database with more than 4,000 community-based organizations, researchers and professionals, provides linkage to stakeholders in minority health and facilitates the sharing of information. Used to inform its members about minority health issues, statewide meetings, conferences and funding opportunities.

### ***Support Access to Minority Health Care Services***

- Support access to culturally and linguistically appropriate health care through policy and procedure changes and staff training to improve service delivery.
  - Organized a group of health and human services agencies to review policies and practices regarding culturally and linguistically appropriate health care standards.
  - Cultural competency training.

### ***Health Disparities Task Force***

- In 2001, the 77<sup>th</sup> Texas Legislature passed House Bill 757, creating a statewide Health Disparities Task Force. The Task Force was created to develop recommendations that will assist the Texas Department of Health (TDH) in accomplishing the following goals: 1) to eliminate health and health access disparities in Texas among multicultural, disadvantaged, and regional populations; and 2) to reorganize TDH programs to eliminate those disparities. OMH provides administrative support to the Health Disparities Task Force.

### ***Develop health disparities initiatives in six areas of health status***

1. Promoting childhood immunizations and increasing immunization rates among minority populations.
2. Promoting increased regular physical activity and fitness for racial and ethnic minorities.
3. Decreasing obesity among racial and ethnic minorities.
4. Discouraging tobacco use among minority youth.
5. Promoting responsible sexual behavior among minority youth and adults.
6. Promoting adequate prenatal care among minority women.

## Resources

The Texas Office of Minority Health is currently staffed with a director, executive assistant and epidemiologist. In addition, the office provides \$19,000 per region (eight Public Health regions) to work on local community initiatives that reduce health disparities. The office also provides funding for a manager and information specialist to provide language services.

The TX-OMH budget for 2004 of \$350,000 is supported by only state funds. Previous years budgets up to 1999 were supported by both state funds and federal (Prevention Block Grant monies). The office's approximate appropriations for FY 1998 - 2003 were:

| Year    | Total     |
|---------|-----------|
| FY 1998 | \$681,481 |
| FY 1999 | \$758,035 |
| FY 2000 | \$674,565 |
| FY 2001 | \$475,126 |
| FY 2002 | \$475,126 |
| FY 2003 | \$475,126 |
| FY 2004 | \$350,000 |
| FY 2005 | \$350,000 |

# Vermont

Runesha Jacques Muderhwa, B.S., M.P.H.  
Public Health Specialist  
Vermont Office of Minority Health  
P. O. Box 70  
Burlington, VT 05402  
802- 863-7273  
802-651-1634 Fax  
E-mail: jmuderh@vdh.state.vt.us

## Organizational Structure/History

The Vermont Office of Minority Health (VT-OMH) was established by order of the commissioner of health in June, 1994, in response to community requests. Located in the Division of Health Improvement, the Office of Minority Health is housed with the Health Promotion Unit, Office of Rural Health, the Primary Care Cooperative Agreement, Dental Health, Maternal and Child Health, and Children with Special Health Needs. The Division of Health Improvement is physically housed between the office of the commissioner of health and the Division of Health Surveillance.

This location, and the nature of the division, makes a unique placement for the office and allows the VT-OMH staff members easy physical and programmatic access to all Department of Health programs and services and ready access to health data and data management staff. The VT-OMH works closely with all Department of Health divisions and programs to ensure that minority and multicultural issues are addressed throughout the department.

## Purpose/Mission Statement

*The Vermont Office of Minority Health works to ensure a sustainable statewide effort to improve education and health status of minorities by increasing access to health services that are appropriate and sensitive to the needs of minority populations in Vermont. The mission of the office is described as a coordinative and advocacy role with following responsibilities:*

- Establish near-term and long-term objectives that address minority populations health issues;
- Organize and plan specific activities to meet minority health needs and increase access to health care services;
- Provide ongoing technical assistance to programs and work closely with public and private sectors to ensure that minority health issues are being addressed;
- Serve as a resource in the promotion, investigation, development and implementation of innovative health models that are culturally appropriate to minority populations;
- Develop and review strategies to improve the accessibility and availability of health providers to minority populations;
- Facilitate research and foster public awareness of research in factors affecting minority health; and
- Organize and plan specific activities while ensuring appropriate Department of Health allocation of resources and attention to the problems.

## **Program Activities**

Since its inception, the VT-OMH has participated or initiated activities throughout Vermont to address the health concerns facing Vermont's minority communities. Activities of the VT-OMH include:

- Improving the level of cultural competence of the staff within the Department of Health and community health care providers through program assessment, training and resource development.
- Increasing service provider's awareness of sociocultural factors that influence health care seeking behaviors of refugees and immigrants.
- Building the capacity of minority community-based organizations in organization and program development to provide effective HIV/AIDS prevention service.
- Increasing the capacity of community-based minority serving organizations to develop an integrated community-based response to the HIV/AIDS crisis through ongoing linkage, community dialogue and interaction with other state and local recipients of federal funds for HIV/AIDS.
- Conducting needs assessment within minority communities to identify gaps in HIV/AIDS prevention and services needs for minority populations.
- Developing a strategic plan and coordination process that focus on community involvement and participation, coalition building and network development.
- Providing technical assistance, leadership and support to develop minority community initiatives focusing on minority's empowerment with an emphasis on community participation in addressing minority health disparities.

## **Available Materials**

- The Vermont Office of Minority Health provides a lending library of materials related to the health of the minority community in Vermont. This library is available to the public as well as the staff of the Health Department.
- The VT-OMH has published one document which contains the recommendations to the Commissioner of Health from the 1997-98 Minority Advisory Committees. This is available upon request.

## **Resources**

The Vermont Office of Minority Health is currently staffed by one public health specialist with some secretarial support. The office provides no direct health care services. The office expenditures were:

| <b>Year</b> | <b>Total</b> |
|-------------|--------------|
| FY 1998     | \$ 66,318    |
| FY 1999     | \$ 66,318    |
| FY 2000     | \$ 71,623    |
| FY 2001     | \$ 71,623    |

# Virgin Islands

Phyllis L. Wallace, Ed.D., M.S.  
Deputy Commissioner, Administrative Services and Management  
Director, Office of Minority Health  
Virgin Islands Department of Health  
48 Sugar Estate  
St. Thomas, V.I. 00802  
340-776-8311 ext.5079  
340-777-4001 Fax  
E-mail: [phyllis.wallace@usvi-doh.org](mailto:phyllis.wallace@usvi-doh.org)

## **Organizational Structure/History**

The Governor of the Virgin Islands established an Office of Minority Health in July 1999 within the Department of Health. The Office of the Deputy Commissioner for Administrative Services and Management was designated to be the Territorial Office of Minority Health. Having the Minority Health Office at the commissioner's level allows for maximum ability to form linkages with federal, territorial and private sector resources.

## **Mission Statement**

*The mission of the VI Office of Minority Health (VI-OMH) is to improve and protect the health of racial and ethnic populations through the development of health policies and programs that will eliminate health disparities in the territory.*

## **Purpose**

The Virgin Islands Office of Minority Health was established in order to provide an entity within the Virgin Islands Department of Health with the exclusive purpose of building greater capacity for minority populations in need. This office has been established at the deputy commissioner's level giving it access to and equal participation with the highest decision-making and policy development.

The Virgin Islands Office of Minority Health is independent of any specific departmental program area and has the flexibility and ability to develop and coordinate cross cutting health issues in the private and public sector. It has the ability to develop and coordinate programs for government agencies and for private community-based organizations.

The Virgin Islands population is composed of 78 percent Black non-Hispanic persons and 16% Hispanic persons, with the remainder White non-Hispanic. Our population consists of 34 percent foreign-born persons. Most are immigrants from other Caribbean islands who are often poor, non-English speaking and unlikely to access health care without help. The Virgin Islands Office of Minority Health strives to address the health needs of minority groups and subgroups. The VI-OMH mission focuses on the entire population and the subgroups within the territory.

## Program Activities

### **HIV/AIDS Demonstration Grant**

- The Virgin Islands Office of Minority Health is in the fifth year of a six-year federal OMH HIV/AIDS Demonstration Grant. The HIV Demonstration grant is a three-year grant, which was awarded twice. The office established an HIV Clearinghouse to serve as a central point of reference for local educational, technical, and professional resources for the minority community-based organizations and governmental agencies, HIV/AIDS service providers and individuals in the territory.
- The HIV Clearinghouse developed a Web site for collecting, analyzing and tracking of existing epidemiological data on HIV/AIDS in the territory, nationally and internationally. It is linked to other HIV/AIDS related web sites. A quarterly newsletter, "HIVoice," was also developed with a circulation of 500-1000 in the territory and abroad. The directory entitled "HIV/AIDS Services/Providers" was completed and 500 were printed by October 2003. Outreach workers use the directory as part of their reference material for distribution. There have been a number of important changes in location and contact information, so a second revised issue was completed; 500 were printed for distribution.
- The federal "Funding Sources" section on the Web site has a list of federal grant sources that are readily available to the public. However, once our office is notified of grant availability, notices are e-mailed to CBMOs and sent to both the electronic and print media. As a result of our efforts the following grants were awarded to CBMOs:
  - **NMAC Computer grant**—One CBO, HOPE:Helping Others in a Positive Environment, was awarded a computer and \$900 for a printer and software. HOPE is a new 501(c)3 organization that is serving the HIV positive clients islands on St. John and St. Thomas. Their first project is implementing a "Meals on Wheels Program" specifically for AIDS patients. The patients (approximately 10 as of this date—young men who do not qualify for the Department of Human Services Meals on Wheels Program) are receiving cases of water, Ensure/Boost and juices each month. As more funds become available, cooked meals will be distributed.
  - **Capacity Building Award Mini Grant**—A total of four organizations applied. \$2500 was awarded to the Men's Coalition of St. Croix for their HIV Prevention Classes for men who are convicted of domestic violence. HOPE was also awarded \$2500 for a series of HIV prevention and HIV 101 classes. The populations to be addressed are High School Students, and Pregnant Teenagers. On St. Croix, The Village-Women Personal Support Network will receive technical assistance. They were not awarded because the parent agency's budget exceeds the \$750,000 minimum eligibility requirement.

### **National Public Health Week**

The Region II OMH provided assistance to facilitate the development of the Virgin Islands OMH, the mission statement and purpose of the office, and to conduct a summit/conference on minority health in the territory:

- **2002**—On April 3, 2002, National Public Health Week was observed by the VI-OMH with a major public health conference on St. Thomas. The event provided a historical perspective of public health in the territory, publicly announced the Office of Minority Health and the HIV Clearinghouse Web site, kicked off the process for the development of the VI Territorial Health Plan, and recognized the accomplishment of the first local Commissioner of Health, a 97-year-old former U.S. Public Health Service employee.
- **2003**—Spearheaded by the VI-OMH, the National Public Health Week was observed April 7-12, 2003, with a major public health conference on Tuesday, April 8<sup>th</sup> on St. Thomas. The theme was "Getting in Shape for the Future—Healthy Eating and Active Living". Additional activities such as health screening fairs and school presentations were done throughout the week on both the St. Thomas

and St. Croix Districts. Additionally, and most importantly, the Healthy Virgin Islands 2010 Plan was unveiled and presented to the public. Representatives from the federal Office of Minority Health attended the presentation and conference.

- **2004**—For the third year, the VI-OMH spearheaded the National Public Health Week activities. A workshop for Department of Health (DOH) employees was held on St. Thomas, Monday, April 5, 2004 with the theme, *“Eliminating Health Disparities: Communities Moving from Statistics to Solution”*. Two representatives from the Department of Health and Human Services, Region II office joined in the observation of National Public Health Week activities. On Tuesday, April 6, health fairs/screening were held at the Emancipation Garden on St. Thomas, at Sunny Isle Shopping Center on St. Croix and the Band Stand in Cruz Bay, St. John. On Wednesday, a Walk-a-thon was held in both districts for DOH staff that culminated in a fun day/stress releaser for the employees.

#### ***Healthy Virgin Islands 2010 Plan-Improving Health for All***

- This ten-year plan for the territory conforms to the overarching goals of the national agenda, which are 1) to increase the quality and years of life; and 2) to eliminate health disparities among populations. The Plan was unveiled Monday, April 7, 2003 in a press conference. The lieutenant governor was present to receive it on behalf of the governor. Members of the Region II national office were also in attendance. On September 30, 2003 the Department of Health's program directors attended a workshop sponsored by VI-OMH entitled, *“Developing Action Plans for Healthy Virgin Islands 2010”*. VI-OMH will be working on further processes to develop and implement strategies to achieve the goals and objectives set forth in the HVI 2010 Plan.

#### ***Partnership Initiatives***

- The Virgin Islands OMH and the Region II OMH established a partnership for a series of Public Health Training Initiatives for public health staff and other health care providers in the territory. The first was the Public Health Conference held in April. The second was a data training conference held on June 20-21, 2001 entitled, *“Data and Quantitative Methods for Public Health Planning and Assessment”*. In addition to expanding the knowledge base of the participants, the training stressed the importance of accurate data as a basis for planning, program evaluation and assessment, policy and decision-making and a basis for funding.
- A State Partnership Initiative Grant for \$20,000 was received to support the development of a Territorial Health Plan. The national agenda, Healthy People 2010, provided the framework for the health planning process in the territory. As part of the planning process, the VI-OMH supported a Department of Health (DOH) retreat in June 2001, where the Department of Health developed a strategic plan. The office provided data training in the SPSS statistical software program for staff from the DOH, hospitals, health centers and the PCO.

## Resources

The deputy commissioner for Administrative Services and Management serves as the director for VI-OMH. This position is in-kind and does not come out the VI-OMH budget. The HIV/AIDS Clearinghouse has one full time district doordinator and one part-time administrative aide funded through the HIV Demonstration Grant.

The office is supported by in-kind services from the V.I. Department of Health and the following grants:

| Year         | Source   |
|--------------|--|
| FY 2000      | Region II OMH assisted with the establishment of OMH                         |
| FY 2000      | \$20,000 State Partnership Initiative to support the Territorial Health Plan |
| FY 2001-2005 | \$150,000 HIV/AIDS Demonstration Grant                                       |
| FY 2001      | Region II OMH Public Health Training Initiative                              |
| FY 2002      | Region II OMH Public Health Training   |
|              | Data Training for Public Health Planning & Policy Development                |
| FY 2003      | Region II OMH supported the National Public Health Week Activities           |
| FY 2004      | Region II OMH supported the National Public Health Week Activities           |

# Virginia

Mary Goodall-Johnson, J.D.  
Acting Director  
Office of Minority Health  
Office of Health Policy and Planning  
Virginia Department of Health  
1500 Main St., Suite 214  
Richmond, VA 23219  
804-371-8619  
804-786-4616 Fax  
E-mail: [mgjohnson@vdh.state.va.us](mailto:mgjohnson@vdh.state.va.us)

## **Organizational Structure/History**

The Virginia Office of Minority Health (VA-OMH) is located within the Office of Health Policy and Planning of the Virginia Department of Health (VDH). Together, the state health commissioner's Minority Health Advisory Committee (MHAC) and the VA-OMH form the two major components of a statewide Minority Health Initiative. The 16-member MHAC was established in 1990 to advise the commissioner on issues related to the priorities and strategies for reducing disease, disability and death among minorities in the state. The MHAC includes representatives from local, state, and federal public health agencies, the University of Virginia's Center for Public Service, Virginia Commonwealth University's Department of Pharmaceuticals, Norfolk State University's Department of Political Science and Economics, the Baptist General Convention of Virginia, the Powhatan Society, the Hispanic Committee of Virginia, and private health care providers and consumers. Currently, VA-OMH is going through a strategic planning process and will provide further information regarding the office once the strategic plan is approved by the Virginia Board of Health.

## **Purpose/Mission Statement**

*The Virginia Office of Minority Health was initiated and expanded to advise the VDH commissioner, health department staff, legislators, health care providers, and public and private agencies/organizations and the public about key health priorities for minorities in Virginia. The MHAC and the VA-OMH are also responsible for developing long-range health and human service initiatives for minority populations.*

## **Program Activities**

VA-OMH activities include policy development, program assessment, advocacy, training in cultural competence and community outreach and providing funding to community based organizations. A major goal of the office is to establish public/private partnerships across the state that result in improved health outcomes for minority Virginians.

## **Funding**

Over the past three years, VA-OMH has funded over twelve community-based projects, six being Implementation and Evaluation (I & E) grants. These projects funded community-based organizations to provide Health Education and Risk Reduction programs that address the prevention and/or management of chronic diseases (i.e., heart disease, diabetes) at the grassroots level to eliminate health disparities in racial and ethnic minority populations.

# West Virginia

Barbara Lacy, M.A.  
Coordinator  
Minority Health Program  
Office of Rural Health Policy  
Bureau for Public Health  
West Virginia Department of Health and Human Resources  
350 Capitol Street, Suite 515  
Charleston, WV 25301-3716  
304-558-1327  
304-558-1437 Fax  
E-mail: [barbaralacy@wvdhhr.org](mailto:barbaralacy@wvdhhr.org)

## Organizational Structure/History

The West Virginia Minority Health Program was established October, 1998 to address the health of minority people statewide. The initiation of this program was made possible by funds from the Community Voices Project, University System of West Virginia. This W. K. Kellogg funded project seeks to improve the access to quality health care for all uninsured and underserved West Virginians. Organizationally, the Minority Health Program is housed within the Office of Rural Health Policy, Office of Community and Rural Health Services, Bureau for Public Health, West Virginia Department of Health and Human Resources.

## Purpose/Mission Statement

*The mission for the Office of Rural Health Policy's Minority Health Program (MHP) is to facilitate access to health education, health care delivery, health promotion and disease prevention initiatives. The MHP is responsible for developing policies, plans and tracking system to ensure that community health needs are addressed. Our mission extends to striving to improve the health status of all minorities of any disparities.*

The West Virginia Minority Health Program works to partner with organizations, health care providers, government agencies and minority communities to ultimately improve the health status of racial and the ethnic minority populations in West Virginia.

## Program Activities

- Collect and distribute facts and other information on the health of all minorities in West Virginia in the form of the "WV Minority Health Chart Book."
- Promote health awareness, prevention and access to health care delivery through faith based programs and other entities.
- Create linkages between community agencies to improve access to Bureau for Public Health programs.
- Link community agencies to resources in both the public and private sectors.
- Provide technical assistance with information made available by public health resources.
- Convene an annual Minority Health Forum.
- Assess existing programs/initiatives to determine their effectiveness and impact on the minority population.

### **Targeted Health Issues**

- Access to dental care
- Access to medical care
- Alcohol, tobacco and drug abuse
- Breast cancer
- Diabetes and related complications
- Domestic violence
- End-of-life care
- Heart disease
- HIV infection
- Hypertension
- Immunization
- Infant mortality
- Nutrition
- Physical activity
- Prostate cancer
- Sexually transmitted diseases
- Teen pregnancy

The "West Virginia Minority Health Chart Book", developed through a partnership with Community Voices, represents the first statewide formal review of the health status of racial and ethnic minority residents of West Virginia. This data book has been prepared as reference to assist health care planners and policy makers in developing strategies to improve the health of West Virginia's racial and ethnic minority populations.

### **Resources**

The Office of Rural Health's Minority Health Program is currently staffed by a full time director and a part-time office assistant. Budget information for FY 2001-2004 is listed below:

| <b>Year</b>           | <b>State</b> | <b>Federal</b> | <b>Private</b> | <b>Total</b> |
|-----------------------|--------------|----------------|----------------|--------------|
| FY2001                | \$35,000     | \$4,500        | \$16,392       | \$55,892     |
| FY2002                | -            | \$48,000       | \$21,248       | \$69,248     |
| FY2003                | \$20,720     | \$53,720       | \$16,300       | \$90,740     |
| FY2004<br>(Requested) | \$25,720     | \$63,720       | -              |              |

# Wisconsin

Denise C. Carty  
Minority Health Officer  
Division of Public Health  
Department of Health and Family Services  
One West Wilson St., Rm. 250  
P.O. Box 2659  
Madison, WI 53701-2659  
608-267-2173  
608-267-2832 Fax  
E-mail: [cartydc@dhfs.state.wi.us](mailto:cartydc@dhfs.state.wi.us)

## Organizational Structure/History

In August 1999, a Wisconsin Minority Health Program was established with the hiring of a minority health officer as the primary point of contact on minority health for the Wisconsin Department of Health and Family Services. The Minority Health Program maintains a system-wide focus and is assigned to review, monitor, and advise all state agencies on policies, issues and programs that impact minority health. The Minority Health Program also partners with community-based organizations, tribal organizations, and other collaborative partners working to advance the health of communities of color. The priority populations served by the Minority Health Program are African American, American Indian, Asian and Hispanic/Latino—estimated at about 12 percent of the state's total population.

## Purpose/Mission Statement

*The Wisconsin Minority Health Program mission is to eliminate racial and ethnic disparities in health through system-wide changes designed to improve access to culturally and linguistically competent health services, improve minority health data, promote state and community partnerships for strategic health planning, and support effective, outcome-based interventions to improve public health. There are four major program goals:*

- Enhance government and community awareness of minority health issues.
- Recommend and implement strategies to eliminate health disparities in Wisconsin.
- Foster complete and accurate health status data and surveillance of minority populations.
- Improve access to culturally and linguistically competent systems of care.

## Program Activities

The Wisconsin Minority Health Program has focused on (a) funding for community-based minority health initiatives; (b) technical assistance to government and community agencies; (c) dissemination of updated minority health data; and (d) public awareness of the commitment to eliminate health disparities. The following are a few highlights of program activities from 1999 to the present:

### ***Grants and Funding***

- A minority health grant program was established in 1999 to build the capacity of local communities to provide culturally and linguistically appropriate resources and services for economically disadvantaged minority group members and eliminate racial and ethnic disparities in health status. To date, 75 grants have been awarded to community-based organizations to undertake projects including a community-based African American wellness and referral program; bilingual/bicultural health benefits counseling and interpretation services; a mobile health van to serve migrant workers; family planning outreach and chronic disease prevention programs for Southeast Asian families; primary dental services for American Indian children; a locally produced documentary to educate African American women about heart disease; community-based HIV prevention programs targeting African American and Latino men who have sex with men; and many others.

### ***HIV/AIDS Demonstration Project***

- The Minority HIV/AIDS Demonstration Project (a three-year grant from the federal Office of Minority Health) began in September 1999. This program is designed to coordinate a statewide plan of HIV/AIDS services and resources that best meets the identified needs of minority populations disproportionately at risk. To carryout this project, several contracts were established with minority community-based organizations for community needs assessments, capacity building grants and local leadership summits. A web-based resource of funding sources and statewide minority-serving HIV/AIDS programs and resources was also developed. The grant has funded community-based HIV/AIDS Resource Centers in the African American, American Indian, and Hispanic-Latino communities.

### ***Technical Assistance and Consultation***

The Minority Health Program provides ongoing technical assistance and consultation in several areas including:

- Development of priorities to address social and economic indicators and eliminate racial/ethnic health disparities in Wisconsin's 10-year public health plan;
- Assisting community-based organizations in the design, coding, and analysis of community health surveys to address community health priorities, access, cultural and linguistic competence, and effective health care outreach;
- Working to reduce infant mortality by implementing evidence-based healthcare, outreach, education, resiliency and support strategies with racial/ethnic minority communities and in perinatal service programs;
- Partnering with statewide and local minority organizations to develop community-based strategies for tobacco control and related health issues in African American, American Indian, Asian, and Hispanic/Latino populations;
- Directing the Community Outreach and Information Dissemination component of the NIH-funded EXPORT Center for Minority Health and Health Disparities at the University of Wisconsin-Madison Center for Cultural Diversity in Healthcare; and

- Developing a “Guide to Identifying and Eliminating Health Disparities in Local Communities” with the Wisconsin National Public Health Leadership Institute team.

#### ***Revised and Updated Minority Health Report***

- A statewide Minority Health Report will be released in 2004. The report provides comprehensive, accurate and reliable baseline minority health data to monitor Wisconsin’s progress towards improving health and eliminating racial/ethnic health disparities. The report compares data on demographics, social and economic factors, leading causes of diseases and death, behavioral risk factors, and healthcare access issues in African American, American Indian, Asian and Hispanic/Latino populations in Wisconsin.

#### ***Minority Health Call-to-Action Forum***

- The Minority Health Program convened a statewide forum with minority community stakeholders to determine priorities and strategies to eliminate health disparities. Community recommendations in the areas of infant mortality, access to care, community-based health promotion, support of minority health professionals, and input into shaping health policy have been incorporated into the Minority Health Program biennial strategic plan.

#### ***Minority Health Public Information Campaign***

- “Eliminating health disparities: Together we can make a difference” educates the public on factors relating to disparities and promotes partnership with government, healthcare providers, community and business organizations and policymakers to develop comprehensive solutions to health problems in racial and ethnic communities. The campaign also reinforces preventive health practices and advocates for access to quality healthcare in racial and ethnic communities.

#### ***Minority Health Database and Resources***

- The Minority Health Program maintains a comprehensive database that includes over 1000 entries of minority health organizations and resource persons. The program also started an e-mail listserv of statewide minority health organizations and a clearinghouse of minority health reference books and journals.

### **Resources**

The Minority Health Program is funded through state general purpose and tribal gaming revenues and additional funds received through competitive federal funding sources. The monies noted below reflect the budgeted salaries for Minority Health Program staff as well as state and federal grants.

| <b>Year</b> | <b>Total</b> |
|-------------|--------------|
| FY 1999     | \$ 490,000   |
| FY 2000     | \$ 195,000   |
| FY 2001     | \$ 350,000   |
| FY 2002     | \$ 200,000   |
| FY 2003     | \$ 350,000   |
| FY 2004     | \$ 350,000   |

# Wyoming

Betty Sones  
Minority Health Coordinator  
Wyoming State Department of Health  
Division of Community and Family Health  
Hathaway Building - 4th Floor  
Cheyenne, WY 82002  
307-777-5601  
307-777-7215 Fax  
E-mail: [Bsones@state.wy.us](mailto:Bsones@state.wy.us)

## **Organizational Structure/History**

The Minority Health Program is maintained within the Wyoming Department of Health, Division of Community and Family Health. A minority health coordinator was appointed in January, 1996 by the department director and a Minority Health Committee was organized by the coordinator in April, 1996. This committee consists of twenty five members, from different ethnic backgrounds, who work with public and private agencies dealing with minorities and underserved populations across the state.

## **Purpose/Mission Statement**

*Strive to improve the health status of people of color in Wyoming by broadening knowledge of and access to health and human services.*

## **Program Activities**

The Minority Health Program serves as the point of contact and resource entity for the Department of Health. The program includes intra/interagency and resources coordination; analysis of data, trends and policy implications; technical assistance and consultation in convening task force on special problems; promote cross cultural understanding and among state programs and provider communities to ensure culturally competency services; maintain the "Wyoming Minority Health Resource Directory" that will include a list of multilingual translators available in each county. With a mini grant from the federal Office of Minority Health last year, Wyoming minority health program is able to conduct the first minority health needs assessment which will be available to the public in September 2001.

## **Resources**

The department does not have specific funds for Minority Health. Funding for the Minority Health Committee activities is inclusive within the Division of Community and Family Health budget. There is only one person assigned to this program.



# Federal Health Information Centers and Clearinghouses

The federal government operates many clearinghouses and information centers that focus on specific topics. Each of these clearinghouses/centers offer minority-specific health materials, as well as materials that benefit all people. Their services also include distributing publications, providing referrals and answering inquiries. Many offer toll-free numbers (800, 888, 877 and 866). Unless otherwise stated, numbers can be reached within the continental United States Monday through Friday, during normal business hours, Eastern Standard Time. Contact organizations directly for more information.

## ADOPTION

**National Adoption Information Clearinghouse (NAIC)**  
330 C St., N.W.  
Washington, DC 20447  
888-251-0075  
703-385-3206 Fax  
<http://naic.acf.hhs.gov>

## AGING

**Eldercare Locator**  
Administration on Aging  
Washington, DC 20201  
800-677-1116  
<http://www.eldercare.gov>

**National Institute on Aging Information Center**  
P. O. Box 8057  
Gaithersburg, MD 20898-8057  
800-222-2225  
800-222-4225 TTY  
301-589-3014 Fax  
<http://www.nia.nih.gov/health>

**NIHSeniorHealth**  
<http://nihseniorhealth.gov>

## AIDS/HIV

**AIDSinfo**  
P. O. Box 6303  
Rockville, MD 20849-6303  
800-HIV-0440 (800-448-0440)  
301-519-0459  
888-480-3739 TTY  
301-519-6616 Fax  
<http://www.aidsinfo.nih.gov>

**CDC National Prevention Information Network (NPIN) (HIV/AIDS, STDs, TB)**  
P. O. Box 6003  
Rockville, MD 20849-6003  
800-458-5231  
800-243-7012 TTY  
888-282-7681 Fax  
301-562-1098  
301-588-1589 TTY  
301-562-1050 Fax  
<http://www.cdcnpin.org>

## ALCOHOL/DRUGS/SUBSTANCE ABUSE

**National Clearinghouse for Alcohol and Drug Information (NCADI)**  
P. O. Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
800-487-4889 TDD  
301-468-6433 Fax  
<http://www.health.org>

## ALLERGY/INFECTIOUS DISEASE

**National Institute of Allergy and Infectious Diseases (NIAID)**  
Office of Communications and Public Liaison  
Building 31, Room 7A-50  
31 Center Drive, MSC 2520  
Bethesda, MD 20892-2520  
301-496-5717  
301-402-0120 Fax  
<http://www.niaid.nih.gov>

## ALTERNATIVE MEDICINE

**National Center for Complementary and Alternative Medicine (NCCAM) Clearinghouse**  
P. O. Box 7923  
Gaithersburg, MD 20898  
888-644-6226  
301-519-3153  
866-464-3615 TTY  
866-464-3616 Fax  
<http://nccam.nih.gov>

## ALZHEIMER'S DISEASE

**Alzheimer's Disease Education and Referral (ADEAR) Center**  
P. O. Box 8250  
Silver Spring, MD 20907-8250  
800-438-4380  
301-495-3311  
301-495-3334 Fax  
<http://www.alzheimers.org>

## ARTHRITIS

**National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Information Clearinghouse**  
National Institutes of Health  
1 AMS Circle  
Bethesda, MD 20892-3675  
877-22-NIAMS (877-226-4267)  
301-495-4484  
301-565-2966 TTY  
301-718-6366 Fax  
<http://www.niams.nih.gov>

## ASTHMA

**National Heart, Lung, and Blood Institute (NHLBI) Health Information Center**  
P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
240-629-3255 TTY  
301-592-8563 Fax  
<http://www.nhlbi.nih.gov>

## BLINDNESS/VISUAL IMPAIRMENT

**National Library Service for the Blind and Physically Handicapped**  
1291 Taylor St., N.W.  
The Library of Congress  
Washington, DC 20542  
800-424-8567  
202-707-5100  
202-707-0744 TDD  
202-707-0712 Fax  
<http://www.loc.gov/nls>

## CANCER

**Cancer Information Service (CIS)**  
National Cancer Institute  
6116 Executive Blvd., Room 3036A  
MSC 8322  
Bethesda, MD 20892-8322  
800-4-CANCER (800-422-6237)  
800-332-8615 TTY  
<http://cis.nci.nih.gov>

## CHILD ABUSE

**National Clearinghouse on Child Abuse and Neglect Information**  
330 C St., S.W.  
Washington, DC 20447  
800-394-3366  
703-385-7565  
703-385-3206 Fax  
<http://nccanch.acf.hhs.gov>

## CHILD CARE SERVICES

**National Child Care Information Center (NCCIC)**  
243 Church St., N.W.  
2nd Floor  
Vienna, VA 22180  
800-616-2242  
800-516-2242 TTY  
800-716-2242 Fax  
<http://nccic.org>

## CHILDREN AND FAMILY

**National Clearinghouse on Families & Youth (NCFY)**  
P. O. Box 13505  
Silver Spring, MD 20911-3505  
301-608-8098 Voice/TTY  
301-608-8721 Fax  
<http://www.ncfy.com>

**National Institute of Child Health and Human Development (NICHD) Information Resource Center**  
P. O. Box 3006  
Rockville, MD 20847  
800-370-2943  
888-320-6942 TTY  
301-984-1473 Fax  
<http://www.nichd.nih.gov/publications/health.cfm>

## CHILDREN'S DISABILITIES

### **National Information Center for Children and Youth with Disabilities (NICHCY)**

P. O. Box 1492  
Washington, DC 20013  
800-695-0285 Voice/TTY  
202-884-8200 Voice/TTY  
202-884-8441 Fax  
<http://www.nichcy.org>

## CHILDREN'S HEALTH INSURANCE

### **InsureKids Now**

Health Resources and Services Administration  
Office of Field Operations  
Parklawn Building, Room 13A-55  
5600 Fishers Lane  
Rockville, MD 20857  
877-KIDS NOW (877-543-7669)  
<http://www.insurekidsnow.gov>

### **State Children's Health Insurance Program (SCHIP)**

Outcome Information Clearinghouse  
7500 Security Blvd.  
Mailstop S2-01-16  
Baltimore, MD 21244  
410-785-8705  
410-786-5943 Fax  
<http://cms.hhs.gov/schip>

## CHILDREN'S MENTAL HEALTH

### **National Mental Health Information Center**

P. O. Box 42557  
Washington, DC 20015  
800-789-2647  
301-443-9006 TDD/TTY  
301-984-8796 Fax  
<http://www.mentalhealth.org>

## CLINICAL TRIALS

### **ClinicalTrials.gov**

c/o Customer Service  
National Library of Medicine  
8600 Rockville Pike  
Bethesda, MD 20894  
888-FIND-NLM (888-346-3656)  
301-594-5983  
301-496-5511 TTY  
301-402-1384 Fax  
<http://www.clinicaltrials.gov>

## CONSUMER INFORMATION

### **Federal Citizen Information Center**

Pueblo, CO 81009  
800-FED-INFO  
<http://www.pueblo.gsa.gov>

### **FirstGov for Consumers**

<http://www.consumer.gov>

### **Government Recalls**

<http://www.recalls.gov>

### **U.S. Consumer Product Safety Commission (CPSC)**

Washington, DC 20207  
800-638-2772  
301-504-6816  
800-638-8270 TTY  
301-504-0124 Fax  
<http://www.cpsc.gov>

## CRIMINAL JUSTICE

### **National Criminal Justice Reference Service (NCJRS)**

P. O. Box 6000  
Rockville, MD 20849-6000  
800-851-3420  
301-519-5500  
877-712-9279 TTY  
301-519-5212 Fax  
<http://www.ncjrs.org>

## DEAFNESS AND OTHER COMMUNICATION DISORDERS

### **National Institute on Deafness and Other Communication Disorders (NIDCD) Information Clearinghouse**

1 Communication Ave.  
Bethesda, MD 20892-3456  
800-241-1044  
800-241-1055 TTY  
301-770-8977 Fax  
<http://www.nidcd.nih.gov/health>

## DIABETES

### **The National Diabetes Education Program (NDEP)**

1 Diabetes Way  
Bethesda, MD 20892-3560  
800-438-5383  
<http://ndep.nih.gov>

**National Diabetes Information Clearinghouse (NDIC)**

1 Information Way  
Bethesda, MD 20892-3560  
800-860-8747  
301-654-3327  
301-907-8906 Fax  
<http://diabetes.niddk.nih.gov>

**Centers for Disease Control and Prevention (CDC)**

Office of Public Inquiry  
1600 Clifton Road, N.E.  
Atlanta, GA 30333  
800-311-3435  
404-639-3534  
404-639-3311  
<http://www.cdc.gov>

**DIGESTIVE DISEASES**

**National Digestive Diseases Information Clearinghouse (NDDIC)**

2 Information Way  
Bethesda, MD 20892-3570  
800-891-5389  
301-654-3810  
301-907-8906 Fax  
<http://digestive.niddk.nih.gov>

**Healthfinder**

National Health Information Center (NHIC)  
P. O. Box 1133  
Washington, DC 20013-1133  
800-336-4797  
301-565-4167  
301-984-4256 Fax  
<http://www.healthfinder.gov>

**HealthierUS.gov**

<http://www.healthierus.gov>

**DISABILITY AND REHABILITATION**

**DisabilityDirect**

<http://www.disabilities.gov>

**National Center for the Dissemination of Disability Research (NCDDR)**

Southwest Educational Development Laboratory  
211 East Seventh St., Suite 448  
Austin, TX 78701-3281  
800-266-1832 Voice/TDD  
512-476-2286 Fax  
<http://www.ncddr.org>

**National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)**

Centers for Disease Control and Prevention  
4770 Buford Highway, N.E.  
Mailstop K-13  
Atlanta, GA 30341  
770-488-5080  
770-488-5969 Fax  
<http://www.cdc.gov/nccdphp>

**One Small Step**

<http://www.smallstep.gov>

**National Rehabilitation Information Center (NARIC)**

4200 Forbes Blvd., Suite 202  
Lanham, MD 20706  
800-346-2842  
301-459-5900  
301-459-5984 TTY  
301-459-4263 Fax  
<http://www.naric.com>

**DOMESTIC VIOLENCE**

**National Domestic Violence Hotline**

P. O. Box 161810  
Austin, TX 78716  
800-799-SAFE (800-799-7233 )  
800-787-3224 TTY  
512-453-8541 Fax  
<http://www.ndvh.org>

**National Health Resource Center on Domestic Violence**

Family Violence Prevention Fund  
383 Rhode Island St., Suite 304  
San Francisco, CA 94103  
888-RX-ABUSE (888-792-2873)  
415-252-8900  
800-595-4889 TTY  
415-252-8991 Fax  
<http://endabuse.org/programs/healthcare>

**DISEASE PREVENTION/HEALTH PROMOTION**

**BAM! Body and Mind**

Centers for Disease Control and Prevention  
1600 Clifton Road, N.E.  
Mailstop C-04  
Atlanta, GA 30333  
800-311-3435  
404-639-3150  
<http://www.bam.gov>

**Office on Violence Against Women**  
U.S. Department of Justice  
810 Seventh St., N.W.  
Washington, DC 20531  
202-307-6026  
202-307-2277 TTY  
202-307-3911 Fax  
<http://www.ojp.usdoj.gov/vawo/welcome.html>

## DRUG POLICY

**Office of National Drug Control Policy (ONDCP)**  
ONDCP Drug Policy Information Clearinghouse  
P. O. Box 6000  
Rockville, MD 20849-6000  
800-666-3332  
800-833-6885 TTY  
301-519-3107  
301-519-5212 Fax  
<http://www.whitehousedrugpolicy.gov>

## ENVIRONMENTAL HEALTH

**U.S. Environmental Protection Agency**  
Headquarters Library  
EPA West Building, MC 3404T  
1200 Pennsylvania Ave., N.W.  
Washington, DC 20460  
202-566-0556  
202-566-0562 Fax  
<http://www.epa.gov/natlibra>

## EYE HEALTH

**National Eye Institute (NEI)**  
2020 Vision Place  
Bethesda, MD 20892-2510  
301-496-5248  
301-402-1065 Fax  
<http://www.nei.nih.gov>

## FAITH-BASED INITIATIVES

**Center for Faith-Based and Community Initiatives**  
200 Independence Ave., S.W.  
Room 118-F  
Washington, DC 20201  
202-358-3595  
202-401-3463 Fax  
<http://www.hhs.gov/fbci>

## FOOD AND DRUG SAFETY

**Food and Drug Administration (FDA)**  
5600 Fishers Lane  
Rockville, MD 20857  
888-INFO-FDA (888-463-6332)  
<http://www.fda.gov>

## FOOD AND NUTRITION

**Food and Nutrition Information Center (FNIC)**  
National Agricultural Library  
10301 Baltimore Ave., Room 105  
Beltsville, MD 20705-2351  
301-504-5719  
301-504-6409 Fax  
<http://www.nal.usda.gov/fnic>

**Nutrition.gov**  
<http://www.nutrition.gov>

## GOVERNMENT

**FirstGov**  
<http://www.firstgov.gov>

## HEALTH CARE POLICY AND RESEARCH

**Agency for Health Care Research and Quality (AHRQ)**  
Publications Clearinghouse  
P. O. Box 8547  
Silver Spring, MD 20907-8547  
800-358-9295  
410-381-3150  
888-586-6340 TDD  
301-594-2800 InstantFAX service  
<http://www.ahrq.gov>

**National Information Center on Health Services Research and Health Care Technology (NICHSR)**  
National Library of Medicine  
8600 Rockville Pike, Room 4S-410  
Mailstop 20  
Bethesda, MD 20894  
301-496-0176  
301-402-3193 Fax  
<http://www.nlm.nih.gov/nichsr/nichsr.html>

## HEALTH CARE FINANCE

**Centers for Medicare and Medicaid Services (CMS)**  
7500 Security Blvd.  
Baltimore, MD 21244  
410-786-3000  
<http://www.cms.hhs.gov>

## HEALTH STATISTICS

### National Center for Health Statistics (NCHS)

Centers for Disease Control and Prevention  
3311 Toldeo Road  
Hyattsville, MD 20782  
301-458-4636  
301-458-4027 Fax  
<http://www.cdc.gov/nchs>

## HEART DISEASE/HEART HEALTH

### National Heart, Lung, and Blood Institute (NHLBI) Health Information Center

P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
240-629-3255 TTY  
301-592-8563 Fax  
<http://www.nhlbi.nih.gov>

## HIGHWAY SAFETY

### National Highway Traffic Safety Administration (NHTSA)

Department of Transportation  
400 Seventh St., S.W.  
Washington, DC 20590  
888-DASH-2-DOT (888-327-4236)  
202-366-5399  
202-493-2062 Fax  
<http://www.nhtsa.dot.gov>

## HOMELESSNESS

### National Resource Center on Homelessness and Mental Illness (NRCHMI)

345 Delaware Ave.  
Delmar, NY 12054  
800-444-7415  
518-439-7612 Fax  
<http://www.nrchmi.samhsa.gov>

## IMMUNIZATION

### The National Immunization Program (NIP)

Centers for Disease Control and Prevention  
1600 Clifton Road, N.E.  
Mailstop E-52  
Atlanta, GA 30333  
800-232-2522  
800-243-7889 TTY  
404-639-8852  
404-639-8828 Fax  
<http://www.cdc.gov/nip>

## INJURY PREVENTION

### National Center for Injury Prevention and Control (NCIPC)

Centers for Disease Control and Prevention  
4770 Buford Highway, N.E.  
Mailstop K-65  
Atlanta, GA 30341-3724  
770-488-1506  
770-488-1667 Fax  
<http://www.cdc.gov/ncipc>

### U.S. Consumer Product Safety Commission (CPSC)

Washington, DC 20207  
800-638-2772  
800-638-8270 TTY  
301-504-0281 Fax  
<http://www.cpsc.gov>

## KIDNEY AND UROLOGIC DISEASES

### National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)

3 Information Way  
Bethesda, MD 20892-3580  
800-891-5390  
301-654-4415  
301-907-8906 Fax  
<http://kidney.niddk.nih.gov>

## LEAD POISONING

### National Lead Information Center

801 Roeder Road, Suite 600  
Silver Spring, MD 20910  
800-424-LEAD (800-424-5323)  
301-588-8495 Fax  
<http://www.epa.gov/lead/nlic.htm>

## LIBRARY SERVICES

### CHID – Combined Health Information Database

<http://chid.nih.gov/index.html>

### MEDLINEplus

<http://medlineplus.gov>

### National Library of Medicine (NLM)

8600 Rockville Pike  
Bethesda, MD 20894  
888-FIND-NLM (888-346-3656)  
301-594-5983  
<http://www.nlm.nih.gov>

## LIMITED ENGLISH PROFICIENCY

### **U.S. Department of Education**

Office for Civil Rights  
400 Maryland Ave., S.W.  
Washington, DC 20202-1100  
800-421-3481  
877-521-2172 TTY  
202-205-9862 Fax  
<http://www.ed.gov/ocr>  
<http://www.lep.gov>

## LUNG DISEASE AND LUNG HEALTH

**Indoor Air Quality (IAQ) Information Clearinghouse**  
P. O. Box 37133  
Washington, DC 20013  
800-438-4318  
703-356-5386 Fax  
<http://www.epa.gov/iaq>

**National Heart, Lung, and Blood Institute (NHLBI) Health Information Center**  
P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
240-629-3255 TTY  
301-592-8563 Fax  
<http://www.nhlbi.nih.gov>

## LUPUS

**National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Information Clearinghouse**  
National Institutes of Health  
1 AMS Circle  
Bethesda, MD 20892-3675  
877-22-NIAMS (877-226-4267)  
301-495-4484  
301-565-2966 TTY  
301-718-6366 Fax  
<http://www.niams.nih.gov>

## MATERNAL AND CHILD HEALTH

**Health Resources and Services Administration (HRSA)**  
HRSA Information Center  
P. O. Box 2910  
Merrifield, VA 22116  
888-275-4772  
877-4TY-4772 TTY  
703-821-2098 Fax  
<http://www.ask.hrsa.gov>

## MEDICAID

**Centers for Medicare and Medicaid Services (CMS)**  
Center for Medicaid and State Operations  
7500 Security Blvd.  
Baltimore, MD 21244  
410-786-3000  
<http://cms.hhs.gov/medicaid>  
<http://cms.hhs.gov/medicaid/statemap.asp>  
(State/regional toll-free numbers)

## MEDICARE

**Centers for Medicare and Medicaid Services (CMS)**  
Center for Medicare Management  
7500 Security Blvd.  
Baltimore, MD 21244  
800-MEDICARE (800-633-4227)  
877-486-2048 TTY  
<http://www.medicare.gov>

## MENTAL HEALTH

**National Institute of Mental Health (NIMH) Information Center**  
6001 Executive Blvd., Room 8184  
Mailstop 9663  
Bethesda, MD 20892-9663  
866-615-NIMH (866-615-6464)  
301-443-4513  
301-443-8431 TTY  
301-443-4279 Fax  
<http://www.nimh.nih.gov>

**National Mental Health Information Center**  
P. O. Box 42557  
Washington, DC 20015  
800-789-2647  
866-889-2647 TDD/TTY  
301-984-8796 Fax  
<http://www.mentalhealth.org>

**Suicide Prevention Resource Center (SPRC)**  
55 Chapel St.  
Newton, MA 02458-1060  
877-GET-SPRC (438-7772)  
617-964-5448 TTY  
<http://www.sprc.org>

## OCCUPATIONAL SAFETY

**National Institute for Occupational Safety and Health (NIOSH)**  
4676 Columbia Parkway  
Cincinnati, OH 45226  
800-35-NIOSH (800-356-4674)  
513-533-8573 Fax  
<http://www.cdc.gov/niosh>

## ORAL HEALTH

**National Oral Health Information Clearinghouse (NOHIC)**  
1 NOHIC Way  
Bethesda, MD 20892-3500  
301-402-7364  
301-907-8830 Fax  
<http://www.nohic.nidcr.nih.gov>

## National Maternal and Child Oral Health Resource Center

Georgetown University  
2115 Wisconsin Ave., N.W.  
Suite 601  
Washington, DC 20007  
202-784-9770  
202-784-9777 Fax  
<http://www.mchoralhealth.org>

## ORGAN TRANSPLANTATION

**Division of Transplantation**  
Office of Special Programs  
Health Resources and Services Administration  
Parklawn Building, Room 16C-17  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-7577  
301-594-6095 Fax  
<http://www.organdonor.gov>

## ORPHAN DRUGS AND RARE DISEASES

**Office of Orphan Products Development**  
Food and Drug Administration  
5600 Fishers Lane, Room 6A-55  
Rockville, MD 20857  
800-300-7469  
301-827-3666  
301-827-0017 Fax  
<http://www.fda.gov/orphan>

## Genetic and Rare Diseases Information Center

P. O. Box 8126  
Gaithersburg, MD 20898-8126  
888-205-2311  
888-205-3223 TTY  
240-632-9164 Fax  
[http://rarediseases.info.nih.gov/html/resources/info\\_cntr.html](http://rarediseases.info.nih.gov/html/resources/info_cntr.html)

## OSTEOPOROSIS

**NIH Osteoporosis and Related Bone Diseases National Resource Center**  
2 AMS Circle  
Bethesda, MD 20892-3676  
800-624-BONE (800-624-2663)  
202-223-0344  
202-466-4315 TTY  
202-293-2356 Fax  
<http://www.osteo.org>

## PHYSICAL FITNESS

**President's Council on Physical Fitness and Sports**  
200 Independence Ave., S.W.  
Room 738-H  
Washington, DC 20201  
202-690-9000  
202-690-5211 Fax  
<http://www.fitness.gov>  
<http://www.presidentschallenge.org>

**VERB: It's What You Do**  
<http://www.verbnow.com>

## POPULATION AFFAIRS

**Office of Population Affairs (OPA) Clearinghouse**  
P. O. Box 30686  
Bethesda, MD 20824-0686  
866-640-7827  
866-592-3299 Fax  
<http://opa.osophs.dhhs.gov/clearinghouse.html>

## POST-TRAUMATIC STRESS DISORDER

**National Center for Post-Traumatic Stress Disorder (NCPTSD)**  
VA Medical Center (116D)  
215 North Main St.  
White River Junction, VT 05009  
802-296-5132  
802-296-5135 Fax  
<http://www.ncptsd.org>

## PRIMARY CARE

**Health Resources and Services Administration (HRSA) Information Center**  
P. O. Box 2910  
Merrifield, VA 22116  
888-275-4772  
703-442-9051  
703-556-4831 TTY/TDD  
<http://www.ask.hrsa.gov>

## RURAL HEALTH

**Rural Information Center**  
10301 Baltimore Ave.  
Room 304  
Beltsville, MD 20705-2351  
800-633-7701  
301-504-6856 TTY/TDD  
301-504-5181 Fax  
<http://www.nal.usda.gov/ric>

## SICKLE CELL DISEASE

**National Heart, Lung, and Blood Institute (NHLBI) Health Information Center**  
P. O. Box 30105  
Bethesda, MD 20824-0105  
301-592-8573  
240-629-3255 TTY  
301-592-8563 Fax  
<http://www.nhlbi.nih.gov>

## SMOKING AND TOBACCO

**Office on Smoking and Health**  
Centers for Disease Control and Prevention  
4770 Buford Highway, N.E.  
Mailstop K-50  
Atlanta, GA 30341-3724  
800-CDC-1311 (800-232-1311)  
770-332-2552 Fax  
<http://www.cdc.gov/tobacco>

## STROKE

**National Institute of Neurological Disorders and Stroke (NINDS)**  
Brain Resources and Information Network (BRAIN)  
NINDS/NIH  
P. O. Box 5801  
Bethesda, MD 20824  
800-352-9424  
301-496-5751  
301-468-5981 TTY  
<http://www.ninds.nih.gov>

## SUDDEN INFANT DEATH SYNDROME (SIDS)

**National SIDS/Infant Death Resource Center**  
2070 Chain Bridge Road  
Suite 450  
Vienna, VA 22182  
<http://www.sidscenter.org>  
866-866-7437  
703-821-8955  
703-821-2098 Fax  
<http://www.sidscenter.org>

## VETERANS AFFAIRS

**Veterans Health Administration**  
810 Vermont Ave., N.W.  
Washington, DC 20420  
800-273-5400  
<http://www.va.gov>

## VIOLENCE PREVENTION

**National Youth Violence Prevention Resource Center (NYVPRC)**  
P. O. Box 6003  
Rockville, MD 20849-6003  
888-Safeyouth (888-723-3968)  
800-243-7012 TTY  
301-562-1001 Fax  
<http://www.safeyouth.org>

## WEIGHT CONTROL

**Weight-control Information Network (WIN)**  
1 WIN Way  
Bethesda, MD 20892-3665  
877-946-4627  
202-828-1025  
202-828-1028 Fax  
<http://www.niddk.nih.gov/health/nutrit/nutrit.htm>

## WOMEN'S HEALTH

**4girls Health**  
<http://www.4girls.gov>

**National Women's Health Information Center (NWHIC)**  
7535 Little River Turnpike  
Suite 150A  
Annandale, VA 22003  
800-994-WOMAN (800-994-9662)  
888-220-5446 TDD  
703-560-6598 Fax  
<http://www.4woman.gov>



## Sources of Health Materials

**E**ach of the following organizations offer not only minority-specific information, but materials that benefit all people regardless of racial and ethnic background. Both the Web site address and phone number are listed, when available, so please contact the organizations directly for information.

### African Americans

**African American Breast Cancer Alliance**  
612-825-3675  
<http://www.geocities.com/aabcainc>

**African American Family Services Resource Center**  
612-871-7878  
<http://www.aafs.net>

**AIDS Project Rhode Island**  
401-831-5522  
<http://www.aidsprojectri.org>

**Al-Anon and Alateen**  
888-425-2666  
<http://www.al-anon.alateen.org>

**Alcoholics Anonymous World Services, Inc**  
212-870-3400  
<http://www.aa.org>

**The American Academy of Otolaryngology**  
866-368-3888  
<http://www.entnet.org>

**American Cancer Society**  
800-ACS-2345 (800-227-2345)  
<http://www.cancer.org>

**American Cancer Society-Northwest Division**  
800-478-9355, option 3  
<http://www.cancer.org>

**American Cancer Society-East Bay Region**  
800-ACS-2345  
510-832-7012  
<http://www.cancer.org>

**American Diabetes Association**  
800-DIABETES (800-342-2383)  
<http://www.diabetes.org>

**American Dietetic Association**  
800-877-1600  
<http://www.eatright.org>

**American Heart Association**  
800-AHA-USA1 (800-242-8721)  
<http://www.americanheart.org>

**American Lung Association**  
800-LUNG-USA (800-586-4872)  
<http://www.lungusa.org>

**American Sickle Cell Anemia Association**  
216-229-8600  
<http://www.ascaa.org>

**American Stroke Association**  
888-4-STROKE (888-478-7653)  
<http://www.strokeassociation.org>

**The Balm In Gilead**  
888-225-6243  
<http://www.balmingilead.org>

**Buffalo Prenatal-Perinatal Network**  
716-884-6711  
<http://www.buffaloprenatal.org>

**Cancer Care, Inc.**  
800-813-4673  
<http://www.cancercare.org>

**Cancer Research Foundation of America**  
800-227-CRFA (800-227-2732)  
<http://www.preventcancer.org>

**Cardiovascular Health Program**  
**National Center for Chronic Disease Prevention and Health Promotion**  
770-488-2424  
<http://www.cdc.gov/cvh>

**The Children's Defense Fund**  
202-628-8787  
<http://www.childrensdefense.org>

**The Dental Health Foundation**  
510-663-2727  
<http://www.dentalhealthfoundation.org>

|  |   |
|--|---|
| <b>EngenderHealth</b><br>212-561-8478<br><a href="http://www.engenderhealth.org">http://www.engenderhealth.org</a>   | <b>National Center for Environmental Health</b><br>888-232-6789 Voice/Fax<br><a href="http://www.cdc.gov/nceh">http://www.cdc.gov/nceh</a>                        |
| <b>Georgia Comprehensive Sickle Cell Center</b><br>404-616-5994<br><a href="http://www.SCInfo.org">http://www.SCInfo.org</a>                               | <b>National Dairy Council</b><br>847-803-2000<br><a href="http://www.nationaldairycouncil.org">http://www.nationaldairycouncil.org</a>                            |
| <b>Haight Ashbury Free Medical Clinics</b><br>415-487-5632<br><a href="http://www.hafmc.org">http://www.hafmc.org</a>                                      | <b>National Kidney Foundation</b><br>800-622-9010<br><a href="http://www.kidney.org">http://www.kidney.org</a>  |
| <b>Hartford Gay and Lesbian Health Collective</b><br>860-278-4163<br><a href="http://www.hglhc.org">http://www.hglhc.org</a>                               | <b>National Marrow Donor Program</b><br>800-MARROW-2 (800-627-7692)<br><a href="http://www.marrow.org">http://www.marrow.org</a>                                  |
| <b>Hazelden Foundation</b><br>800-328-9000<br><a href="http://www.hazelden.org">http://www.hazelden.org</a>  | <b>National Mental Health Association (NMHA)</b><br>800-969-NMHA (800-969-6642)<br><a href="http://www.nmha.org">http://www.nmha.org</a>                          |
| <b>Health Promotion Council of Southeastern Pennsylvania</b><br>215-731-6150<br><a href="http://www.hpcpa.org">http://www.hpcpa.org</a>                    | <b>National Organization on Fetal Alcohol Syndrome (NOFAS)</b><br>202-785-4585<br><a href="http://www.nofas.org">http://www.nofas.org</a>                         |
| <b>Howard University Cancer Center</b><br>202-806-7697<br><a href="http://www.med.howard.edu/hucc">http://www.med.howard.edu/hucc</a>                      | <b>National SAFE KIDS Campaign</b><br>202-662-0600<br><a href="http://www.safekids.org">http://www.safekids.org</a>   |
| <b>Howard University Center for Sickle Cell Disease</b><br>202-806-7930<br><a href="http://www.huhosp.org/sicklecell">http://www.huhosp.org/sicklecell</a> | <b>Parent Advocacy Coalition for Educational Rights (PACER)</b><br>952-838-9000<br><a href="http://www.pacer.org">http://www.pacer.org</a>                        |
| <b>Immunization Action Coalition</b><br>651-647-9009<br><a href="http://www.immunize.org">http://www.immunize.org</a>                                      | <b>People of Color Against AIDS Network (POCAAN)</b><br>877-762-2269<br><a href="http://www.pocaan.org">http://www.pocaan.org</a>                                 |
| <b>Institute for Community Inclusion</b><br>617-287-4300<br><a href="http://www.communityinclusion.org">http://www.communityinclusion.org</a>              | <b>Planned Parenthood Federation of America</b><br>800-230-PLAN (800-230-7526)<br><a href="http://www.plannedparenthood.org">http://www.plannedparenthood.org</a> |
| <b>La Leche League International</b><br>847-519-7730<br><a href="http://www.lalecheleague.org">http://www.lalecheleague.org</a>                            | <b>Public Health Foundation</b><br>202-898-5600<br><a href="http://www.phf.org">http://www.phf.org</a>  |
| <b>The Leukemia and Lymphoma Society</b><br>800-955-4572<br><a href="http://www.leukemia-lymphoma.org/hm_lls">http://www.leukemia-lymphoma.org/hm_lls</a>  | <b>The Susan G. Komen Breast Cancer Foundation</b><br>800-I'M AWARE (800-462-9273)<br><a href="http://www.komen.org">http://www.komen.org</a>                     |
| <b>Lupus Foundation of America, Inc.</b><br>202-349-1155<br><a href="http://www.lupus.org">http://www.lupus.org</a>  | <b>Whitman-Walker Clinic</b><br>202-797-3500<br><a href="http://www.wwc.org">http://www.wwc.org</a>   |
| <b>March of Dimes Birth Defects Foundation</b><br>800-367-6630 Publications<br><a href="http://www.marchofdimes.com">http://www.marchofdimes.com</a>       | <b>Y-ME National Breast Cancer Organization</b><br>800-221-2141 Hotline<br>800-986-9505 Spanish Hotline<br><a href="http://www.y-me.org">http://www.y-me.org</a>  |

## American Indians/Alaska Natives

**Al-Anon and Alateen**

888-425-2666

<http://www.al-anon.alateen.org>

**Alcoholics Anonymous World Services, Inc**

212-870-3400

<http://www.aa.org>

**The American Academy of Otolaryngology**

866-368-3888

<http://www.entnet.org>

**American Cancer Society**

800-ACS-2345 (800-227-2345)

<http://www.cancer.org>

**American Cancer Society-Northwest Division**

800-478-9355, option 3

<http://www.cancer.org>

**American Cancer Society-East Bay Region**

800-ACS-2345

<http://www.cancer.org>

**American Diabetes Association**

800-DIABETES (800-342-2383)

<http://www.diabetes.org>

**American Dietetic Association**

800-877-1600

<http://www.eatright.org>

**American Heart Association**

800-AHA-USA1 (800-242-8721)

<http://www.americanheart.org>

**American Lung Association**

800-LUNG-USA (800-586-4872)

<http://www.lungusa.org>

**American Sickle Cell Anemia Association**

216-229-8600

<http://www.ascaa.org>

**American Stroke Association**

888-4-STROKE (888-478-7653)

<http://www.strokeassociation.org>

**Cardiovascular Health Program**

**National Center for Chronic Disease Prevention and Health Promotion**

770-488-2424

<http://www.cdc.gov/cvh>

**The Children's Defense Fund**

202-628-8787

<http://www.childrensdefense.org>

**EngenderHealth**

212-561-8478

<http://www.engenderhealth.org>

**Haight Ashbury Free Medical Clinics**

415-487-5632

<http://www.hafmc.org>

**Haskell Health Center**

785-843-3750

**Hazelden Foundation**

800-328-9000

<http://www.hazelden.org>

**Immunization Action Coalition**

651-647-9009

<http://immunize.org>

**Indian Health Service-National Diabetes Program**

505-248-4182

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.asp>

**The Leukemia and Lymphoma Society**

800-955-4572

[http://www.leukemia-lymphoma.org/hm\\_lls](http://www.leukemia-lymphoma.org/hm_lls)

**Lupus Foundation of America, Inc.**

202-349-1155

<http://www.lupus.org>

**Maniilaq Health Center**

800-431-3321

<http://www.maniilaq.org>

**March of Dimes Birth Defects Foundation**

800-367-6630 Publications

<http://www.marchofdimes.com>

**National Center for Environmental Health**

888-232-6789 Voice/Fax

<http://www.cdc.gov/nceh/default.htm>

**National Dairy Council**

847-803-2000

<http://www.nationaldairycouncil.org>

**National Kidney Foundation**

800-622-9010

<http://www.kidney.org>

**National Marrow Donor Program**  
800-MARROW-2 (800-627-7692)  
<http://www.marrow.org>

**National Organization on Fetal Alcohol Syndrome (NOFAS)**  
202-785-4585  
<http://www.nofas.org>

**National SAFE KIDS Campaign**  
202-662-0600  
<http://www.safekids.org>

**Native American Research and Training Center (NARTC)**  
520-621-5075  
<http://www.fcm.arizona.edu/research/nartc/index.htm>

**The Native C.I.R.C.L.E. (Cancer Information Resources Center and Learning Exchange)**  
877-372-1617  
<http://www.mayoclinic.org/nativeprograms>

**Navajo Family Health Resource Network**  
928-871-5092  
<http://www.navajofamilyhealth.org/index.html>

**Papa Ola Lokahi**  
808-597-6550  
<http://www.papaolalokahi.8m.com>

**Parent Advocacy Coalition for Educational Rights (PACER)**  
952-838-9000  
<http://www.pacer.org>

**People of Color Against AIDS Network (POCAAN)**  
877-762-2269  
<http://www.pocaan.org>

**Planned Parenthood Federation of America**  
800-230-PLAN (800-230-7526)  
<http://www.plannedparenthood.org>

**The Susan G. Komen Breast Cancer Foundation**  
800-I'M AWARE (800-462-9273)  
<http://www.komen.org>

**Whitman-Walker Clinic**  
202-797-3500  
<http://www.wwc.org>

**Y-ME National Breast Cancer Organization**  
800-221-2141 Hotline  
800-986-9505 Spanish Hotline  
<http://www.y-me.org>

## **Asian Americans/Asian Languages**

**The American Academy of Otolaryngology**  
866-ENT-3888 (866-368-3888)  
<http://www.entnet.org>

**American Cancer Society**  
800-ACS-2345 (800-227-2345)  
<http://www.cancer.org>

**American Cancer Society-Northwest Division**  
800-478-9355, option 3  
907-277-8696  
<http://www.cancer.org>

**American Cancer Society-East Bay Region**  
800-ACS-2345 (800-227-2345)  
510-832-7012  
<http://www.cancer.org>

**American Diabetes Association**  
800-DIABETES (800-342-2383)  
<http://www.diabetes.org>

**American Dietetic Association**  
800-877-1600  
<http://www.eatright.org>

**American Heart Association**  
800-AHA-USA1 (800-242-8721)  
<http://www.americanheart.org>

**American Lung Association**  
800-LUNG-USA (800-586-4872)  
<http://www.lungusa.org>

**American Sickle Cell Anemia Association**  
216-229-8600  
<http://www.ascaa.org>

**American Stroke Association**  
888-4-STROKE (888-478-7653)  
<http://www.strokeassociation.org>

**Asian American Recovery Services**  
415-541-9285  
<http://www.aars-inc.org>

**Asian Americans for Community Involvement**  
408-975-2730  
<http://www.aaci.org>

**Asian Community Mental Health Services**  
510-451-6729  
<http://www.acmhs.org>

**Asian Family Center**  
503-235-9396

**Asian Pacific Family Center**  
626-287-2988  
<http://www.pacificclinics.org>

**Asian Pacific Health Care Venture, Inc**  
323-644-3880  
<http://www.aphcv.org>

**Asian Pacific Partners for Empowerment and Leadership (APPEAL)**  
510-272-9536  
<http://www.appealforcommunities.org>

**Asian Task Force Against Domestic Violence**  
617-338-2350  
<http://www.atask.org>

**Buffalo Prenatal-Perinatal Network**  
716-884-6711  
<http://www.buffaloprenatal.org>

**Cancer Care, Inc.**  
800-813-4673  
<http://www.cancercare.org>

**Cardiovascular Health Program**  
**National Center for Chronic Disease Prevention and Health Promotion**  
770-488-2424  
<http://www.cdc.gov/cvh>

**The Children's Defense Fund**  
202-628-8787  
<http://www.childrensdefense.org>

**Chinatown Service Center**  
213-808-1700  
<http://www.cscla.org>

**T.H.E. Clinic**  
323-295-6571  
<http://www.theclinicinc.org>

**EngenderHealth**  
212-561-8478  
<http://www.engenderhealth.org>

**Family Health and Social Services Center**  
508-860-7700  
<http://www.fhcw.org>

**Haight Ashbury Free Medical Clinics**  
415-487-5632  
<http://www.hafmc.org>

**Hawai'i STD/AIDS Prevention Program**  
808-733-9010  
[http://www.state.hi.us/doh/resource/comm\\_dis/std\\_aids/index-branch.html](http://www.state.hi.us/doh/resource/comm_dis/std_aids/index-branch.html)

**Hazelden Foundation**  
800-328-9000  
<http://www.hazelden.org>

**Health Promotion Council of Southeastern Pennsylvania**  
215-731-6150  
<http://www.hpcpa.org>

**Immunization Action Coalition**  
651-647-9009  
<http://www.immunize.org>

**Institute for Community Inclusion**  
617-287-4300  
<http://www.communityinclusion.org>

**Korean Health, Education, Information and Research Center**  
213-637-1070  
<http://www.koreanhealth.org>

**La Leche League International**  
847-519-7730  
<http://www.lalecheleague.org>

**The Leukemia and Lymphoma Society**  
800-955-4572  
[http://www.leukemia-lymphoma.org/hm\\_lls](http://www.leukemia-lymphoma.org/hm_lls)

**Lupus Foundation of America, Inc.**  
202-349-1155  
<http://www.lupus.org>

**March of Dimes Birth Defects Foundation**  
800-367-6630 Publications  
<http://www.marchofdimes.com>

**National Center for Environmental Health**  
888-232-6789 Voice/Fax  
<http://www.cdc.gov/nceh/default.htm>

**National Dairy Council**  
847-803-2000  
<http://www.nationaldairy council.org>

**National Kidney Foundation**  
800-622-9010  
<http://www.kidney.org>

**National Marrow Donor Program**  
800-MARROW-2 (800-627-7692)  
<http://www.marrow.org>

**National Organization on Fetal Alcohol Syndrome (NOFAS)**  
202-785-4585  
<http://www.nofas.org>

**National SAFE KIDS Campaign**  
202-662-0600  
<http://www.safekids.org>

**North East Medical Services**  
415-391-9686  
<http://www.nems.org>

**Parent Advocacy Coalition for Educational Rights (PACER)**  
952-838-9000  
<http://www.pacer.org>

**People of Color Against AIDS Network (POCAAN)**  
877-762-2269  
<http://www.pocaan.org>

**Planned Parenthood Federation of America**  
800-230-PLAN (800-230-7526)  
<http://www.plannedparenthood.org>

**Public Health Foundation**  
202-898-5600  
<http://www.phf.org>

**South Cove Community Health Center**  
617-521-6700  
<http://www.scchc.org>

**The Susan G. Komen Breast Cancer Foundation**  
800-I'M AWARE (800-462-9273)  
<http://www.komen.org>

**The Union of Pan Asian Communities**  
619-232-6454  
<http://www.upacs.org>

**Whitman-Walker Clinic**  
202-797-3500  
<http://www.wwc.org>

**Y-ME National Breast Cancer Organization**  
800-221-2141 Hotline  
800-986-9505 Spanish Hotline  
<http://www.y-me.org>

## Hispanics/Spanish Language

**AIDS Project Rhode Island**  
401-831-5522  
<http://www.aidsprojectri.org/>

**Al-Anon and Alateen**  
888-425-2666  
<http://www.al-anon.alateen.org>

**Alcoholics Anonymous World Services, Inc**  
212-870-3400  
<http://www.aa.org>

**The American Academy of Otolaryngology**  
866-ENT-3888 (866-368-3888)  
<http://www.entnet.org>

**American Cancer Society**  
800-ACS-2345 (800-227-2345)  
<http://www.cancer.org>

**American Cancer Society-Northwest Division**  
800-478-9355, option 3  
907-277-8696  
<http://www.cancer.org>

**American Cancer Society-East Bay Region**  
800-ACS-2345 (800-227-2345)  
510-832-7012  
<http://www.cancer.org>

**American Diabetes Association**  
800-DIABETES (800-342-2383)  
<http://www.diabetes.org>

**American Dietetic Association**  
800-877-1600  
<http://www.eatright.org>

**American Heart Association**  
800-AHA-USA1 (800-242-8721)  
<http://www.americanheart.org>

**American Lung Association**  
800-LUNG-USA (800-586-4872)  
<http://www.lungusa.org>

**American Sickle Cell Anemia Association**  
216-229-8600  
<http://www.ascaa.org>

**American Stroke Association**  
888-4-STROKE (888-478-7653)  
<http://www.strokeassociation.org>

**Buffalo Prenatal-Perinatal Network**  
716-884-6711  
<http://www.buffaloprenatal.org>

**Cancer Care, Inc.**  
800-813-4673  
<http://www.cancercare.org>

**Cancer Research Foundation of America**  
800-227-CRFA (800-227-2732)  
<http://www.preventcancer.org>

**Cardiovascular Health Program, National Center for Chronic Disease Prevention and Health Promotion**  
770-488-2424  
<http://www.cdc.gov/cvh>

**The Children's Defense Fund**  
202-628-8787  
<http://www.childrensdefense.org>

**The Dental Health Foundation**  
510-663-2727  
<http://www.dentalhealthfoundation.org>

**EngenderHealth**  
212-561-8478  
<http://www.engenderhealth.org>

**The Georgia Comprehensive Sickle Cell Center**  
404-616-5994  
<http://www.SCIInfo.org>

**Haight Ashbury Free Medical Clinics**  
415-487-5632  
<http://www.hafmc.org>

**Hartford Gay and Lesbian Health Collective**  
860-278-4163  
<http://www.hglhc.org>

**Hazelden Foundation**  
800-328-9000  
<http://www.hazelden.org>

**Health Promotion Council of Southeastern Pennsylvania**  
215-731-6150  
<http://www.hpcpa.org>

**Immunization Action Coalition**  
651-647-9009  
<http://www.immunize.org>

**Institute for Community Inclusion**  
617-287-4300  
<http://www.communityinclusion.org>

**Instituto Familiar De La Raza**  
415-647-4141

**La Leche League International**  
847-519-7730  
<http://www.lalecheleague.org>

**The Leukemia and Lymphoma Society**  
800-955-4572  
[http://www.leukemia-lymphoma.org/hm\\_lls](http://www.leukemia-lymphoma.org/hm_lls)

**Lupus Foundation of America, Inc.**  
202-349-1155  
<http://www.lupus.org>

**March of Dimes Birth Defects Foundation**  
800-367-6630 Publications  
<http://www.marchofdimes.com>

**Migrant Clinicians Network (MCN)**  
512-327-2017  
<http://www.migrantclinician.org>

**National Center for Environmental Health**  
888-232-6789 Voice/Fax  
<http://www.cdc.gov/nceh/default.htm>

**National Center for Farmworker Health**  
800-531-5120  
<http://www.ncfh.org>

**National Dairy Council**  
847-803-2000  
<http://www.nationaldairycouncil.org>

**National Kidney Foundation**  
800-622-9010  
<http://www.kidney.org>

**National Marrow Donor Program**  
800-MARROW-2 (800-627-7692)  
<http://www.marrow.org>

**National Mental Health Association (NMHA)**  
800-969-NMHA (800-969-6642)  
<http://www.nmha.org>

**National Organization on Fetal Alcohol Syndrome (NOFAS)**  
202-785-4585  
<http://www.nofas.org>

**National SAFE KIDS Campaign**  
202-662-0600  
<http://www.safekids.org>

**Parent Advocacy Coalition for Educational Rights (PACER)**  
952-838-9000  
<http://www.pacer.org>

**People of Color Against AIDS Network (POCAAN)**  
877-762-2269  
<http://www.pocaan.org>

**Planned Parenthood Federation of America**  
800-230-PLAN (800-230-7526)  
<http://www.plannedparenthood.org>

**Planned Parenthood Golden Gate**  
413-967-PLAN (413-967-7526)  
<http://www.ppgg.org>

**Public Health Foundation**  
202-898-5600  
<http://www.phf.org>

**Spanish American Union**  
413-734-7381

**The Susan G. Komen Breast Cancer Foundation**  
800-I'M AWARE (800-462-9273)  
<http://www.komen.org>

**Whitman-Walker Clinic**  
202-797-3500  
<http://www.wwc.org>

**Y-ME National Breast Cancer Organization**  
800-221-2141 Hotline  
800-986-9505 Spanish Hotline  
<http://www.y-me.org>

## Native Hawaiians/Other Pacific Islanders

**AIDS Community Care Team**  
808-591-8890

**The American Academy of Otolaryngology**  
866-ENT-3888 (866-368-3888)  
<http://www.entnet.org>

**American Cancer Society**  
800-ACS-2345 (800-227-2345)  
<http://www.cancer.org>

**American Cancer Society-Northwest Division**  
800-478-9355, option 3  
907-277-8696  
<http://www.cancer.org>

**American Cancer Society-East Bay Region**  
800-ACS-2345 (800-227-2345)  
510-832-7012  
<http://www.cancer.org>

**American Diabetes Association**  
800-DIABETES (800-342-2383)  
<http://www.diabetes.org>

**American Dietetic Association**  
800-877-1600  
<http://www.eatright.org>

**American Heart Association**  
800-AHA-USA1 (800-242-8721)  
<http://www.americanheart.org>

**American Lung Association**  
800-LUNG-USA (800-586-4872)  
<http://www.lungusa.org>

**American Sickle Cell Anemia Association**  
216-229-8600  
<http://www.ascaa.org>

**American Stroke Association**  
888-4-STROKE (888-478-7653)  
<http://www.strokeassociation.org>

**Asian Community Mental Health Services**  
510-451-6729  
<http://www.acmhs.org>

**Asian Family Center**  
503-235-9396

**Asian Pacific Family Center**

626-287-2988

<http://www.pacificclinics.org>

**Asian Pacific Health Care Venture, Inc**

323-644-3880

<http://www.aphcv.org>

**Asian Pacific Partners for Empowerment and Leadership (APPEAL)**

510-272-9536

<http://www.appealforcommunities.org>

**Cardiovascular Health Program**

**National Center for Chronic Disease Prevention and Health Promotion**

770-488-2424

<http://www.cdc.gov/cvh>

**The Children's Defense Fund**

202-628-8787

<http://www.childrensdefense.org>

**EngenderHealth**

212-561-8478

<http://www.engenderhealth.org>

**Filipino American Service Group Inc.**

213 487-9804

<http://www.fasgi.org>

**Haight Ashbury Free Medical Clinics**

415-487-5632

<http://www.hafmc.org>

**Hawai'i AIDS Education and Training Center**

808-945-1518

<http://www.hawaii.edu/hivandaids/index.htm>

**Hawai'i Department of Health**

808-586-4400

<http://www.state.hi.us/health>

**Hawaii Island HIV/AIDS Foundation**

808-331-8177

<http://www.hihaf.org>

**Hawai'i STD/AIDS Prevention Program**

808-733-9010

[http://www.state.hi.us/doh/resource/comm\\_dis/std\\_aids/index-branch.html](http://www.state.hi.us/doh/resource/comm_dis/std_aids/index-branch.html)

**Hazelden Foundation**

800-328-9000

<http://www.hazelden.org>

**HIV Community Care Program**

808-586-7754

**Immunization Action Coalition**

651-647-9009

<http://www.immunize.org>

**Institute for Community Inclusion**

617-287-4300

<http://www.communityinclusion.org>

**Kalihi-Palama Health Center**

808- 848-1438

<http://www.healthhawaii.org>

**Kamehameha Schools**

**Health and Wellness Programs**

808-842-8508

<http://www.eolapono.ksbe.edu>

**La Leche League International**

847-519-7730

<http://www.lalecheleague.org>

**The Leukemia and Lymphoma Society**

800-955-4572

[http://www.leukemia-lymphoma.org/hm\\_lls](http://www.leukemia-lymphoma.org/hm_lls)

**March of Dimes Birth Defects Foundation**

800-367-6630 Publications

<http://www.marchofdimes.com>

**National Center for Environmental Health**

888-232-6789 Voice/Fax

<http://www.cdc.gov/nceh/default.htm>

**National Dairy Council**

847-803-2000

<http://www.nationaldairycouncil.org>

**National Kidney Foundation**

800-622-9010

<http://www.kidney.org>

**National Marrow Donor Program**

800-MARROW-2 (800-627-7692)

<http://www.marrow.org>

**National Organization on Fetal Alcohol Syndrome (NOFAS)**

202-785-4585

<http://www.nofas.org>

**National SAFE KIDS Campaign**

202-662-0600

<http://www.safekids.org>

**Papa Ola Lokahi**

808-597-6550

<http://www.papaolalokahi.8m.com>

**Parent Advocacy Coalition for Educational Rights  
(PACER)**  
952-838-9000  
<http://www.pacer.org>

**People of Color Against AIDS Network (POCAAN)**  
877-762-2269  
<http://www.pocaan.org>

**Planned Parenthood Federation of America**  
800-230-PLAN (800-230-7526)  
<http://www.plannedparenthood.org>

**The Susan G. Komen Breast Cancer Foundation**  
800-I'M AWARE (800-462-9273)  
<http://www.komen.org>

**The Union of Pan Asian Communities**  
619-232-6454  
<http://www.upacs.org>

**Waianae Coast Comprehensive Health Center**  
808-696-7081  
<http://www.wcchc.com>

**Whitman-Walker Clinic**  
202-797-3500  
<http://www.wwc.org>

**Y-ME National Breast Cancer Organization**  
800-221-2141 Hotline  
800-986-9505 Spanish Hotline  
<http://www.y-me.org>